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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Camp name</th>
<th>HHs interviewed</th>
<th>Camp name</th>
<th>HHs interviewed</th>
<th>Camp name</th>
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<td><strong>Total</strong></td>
<td><strong>3,400</strong></td>
<td></td>
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</tr>
</tbody>
</table>

4. World Food Programme (WFP), Refugee Influx Emergency Vulnerability Assessment (REVA-6) – Cox’s Bazar and Bhasan Char, Bangladesh (June 2023). Available here.
Methodology

The 2023 J-MSNA aims to:

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

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

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

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

Limitations

- The assessment relies on the households’ ability to self-report on many indicators, and therefore certain biases may exist within the findings. Some indicators may be under- or over-reported due to the subjective perceptions of the respondents. These potential biases should be taken into consideration when interpreting findings, particularly those referring to sensitive issues.
- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, results may not be generalizable with a known confidence level and margin of error, and should be considered indicative only.
- The J-MSNAs are designed to provide an analysis from a multi-sectoral perspective. They don’t provide a detailed understanding of all sectors and thematic concerns. As such, in-depth sectoral assessments and triangulation with other sources is required to complement and deepen the analysis.
- The unit of analysis of the survey is the household. As such, only limited information can be collected relating to conditions and experiences of specific members of the household. The resulting household data is therefore likely to conceal intra-household differences.

Refugee camps coverage
SUMMARY OF RESULTS

Priority Needs

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

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

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

Humanitarian Assistance

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

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

Food Security

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

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

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

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

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

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

Livelihoods and Skills development

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

The reported median household income was 3,000 BDT per month (28 USD) while from other cash inflow sources they reported 6,400 BDT monthly (59 USD), of which the majority came from humanitarian assistance (e-voucher) (4,300 BDT or 40 USD).

The median reported income for households with a female head of household was 0 BDT while from other cash inflow sources they reported 3,500 BDT (32 USD). Overall, households reported monthly median expenses of 7,480 BDT (69 USD), which meant that their frequent expenses surpassed the humanitarian assistance receives, households needing to find alternative sources of income or cash inflows.
SUMMARY OF RESULTS

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

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

Protection

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

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

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

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

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

Shelter & Camp Coordination and Camp Management (SCCCM)

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

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

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

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

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

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

Education

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

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

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

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

Water, Sanitation, and Hygiene (WASH)
Over two thirds of households reported having had access to an improved drinking water source (68%). This percentage lowered to 40% in camps 2W, 9 and 10. Most commonly reported sources of drinking water were public tap/standpipe (improved drinking water source, 58%) and deep tubewell (unimproved drinking water source, 31%). Over half of households (58%) reported using twin pit latrines with slab, and 32% reported using single pit latrines with slab. A quarter of the households (25%) reported not having any handwashing place (mobile nor fixed) in their dwelling/yard/plot.

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

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

Overall, households’ most reported barriers to accessing healthcare were the long waiting times/services overcrowded (45%), specific medicine, treatment or service needed unavailable (35%), and incorrect medication (27%). Over half (53%) of the households who needed healthcare reported needing to pay for health services.

Disability prevalence rates from the 2023 MSNA were found to be lower than in the Age and Disability Inclusion Needs Assessment conducted by REACH in May 2021, therefore REACH recommends to use this assessment for disability prevalence data instead.

Communication with Communities (CwC)
The most common information needs reported by households were concerning food assistance (54%), shelter (housing/repair, 33%), and NFI (21%).

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

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

COORDINATED BY:
Funded by:

ABOUT REACH
REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNI-TAR-UNOSAT).

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context</td>
<td>1</td>
</tr>
<tr>
<td>Methodology</td>
<td>2</td>
</tr>
<tr>
<td>Summary of Findings</td>
<td>3</td>
</tr>
<tr>
<td><strong>Ukhiya Upazila Camps’ Profiles</strong></td>
<td></td>
</tr>
<tr>
<td>Camp 1E</td>
<td>7</td>
</tr>
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</tr>
<tr>
<td>Nayapara RC.</td>
<td>103</td>
</tr>
<tr>
<td><strong>Camps’ Comparative Overview</strong></td>
<td>106</td>
</tr>
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<td>Annex 1</td>
<td>109</td>
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</tbody>
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Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: Access to food

- Food: 61%
- Shelter materials/upgrade: 21%
- Electricity/solar lamps/batteries: 9%

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

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

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

Summary of Sectoral Needs

<table>
<thead>
<tr>
<th>Sector</th>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
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<tbody>
<tr>
<td>Education</td>
<td>52%</td>
<td>23%</td>
</tr>
<tr>
<td>Food Security</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>64%</td>
<td>41%</td>
</tr>
<tr>
<td>Health</td>
<td>36%</td>
<td>4%</td>
</tr>
<tr>
<td>Protection</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>79%</td>
<td>15%</td>
</tr>
<tr>
<td>WASH</td>
<td>54%</td>
<td>22%</td>
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</table>

Aid Distribution

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

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

Survey Demographics

- 50% Males | Females 50%

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>+60</td>
<td>5%</td>
<td>3%</td>
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<tr>
<td>18-59</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>6-17</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>0-5</td>
<td>8%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Most commonly reported type of assistance received:

- Food assistance: 88%
- NFI assistance: 60%
- WASH assistance: 58%

1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflows: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook, store water, sleep, and use electric without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- **87%** Received healthcare
- **13%** Didn’t receive healthcare

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

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

Access to sanitation facilities:

All HHs reported having access to **improved sanitation facilities**, with **93%** of HHs reported sharing these latrines. On average, HHs **shared latrines with other 10 HHs**

Protection

Top three most commonly reported protection risks:

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

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

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

Access to an improved drinking water source:

- **79%** of HHs reported having access to an **improved drinking water source**

Psychosocial distress:

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

Separated Children

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

Top three most commonly reported service points for GBV:

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

---

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

Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: Access to food (63%)
Shelter materials/upgrade (22%)
Electricity/solar lamps/batteries (6%)

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

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

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

Survey Demographics

- 46% Males | Females 54%
- +60 2%
- 18-59 23%
- 6-17 18%
- 0-5 11%

Aid Distribution

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

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

Most commonly reported type of assistance received:

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of households with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>62%</td>
</tr>
<tr>
<td>Food Security</td>
<td>9%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>64%</td>
</tr>
<tr>
<td>Health</td>
<td>30%</td>
</tr>
<tr>
<td>Protection</td>
<td>54%</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>76%</td>
</tr>
<tr>
<td>WASH</td>
<td>58%</td>
</tr>
</tbody>
</table>

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

Reduced Coping Strategy Index (rCSI)\(^1\)

- None or Low: 30%
- Medium: 65%
- High: 5%

Livelihoods-based Coping Strategies (LCS)\(^2,3\)

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

The most commonly reported coping strategies were found to be: \(^4\)

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

Livelihoods and Skills Development

Median HH Income and Expenditure (month prior data collection)

Income: \(^6\)

- 2,700 BDT (25 USD)\(^5\)
- 5,200 BDT (48 USD)\(^5\)
- 5,175 BDT (47 USD)\(^5\)

Other cash inflows: \(^6\)

Transportation

Communication

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

- Food
- Transportation
- Communication

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues: \(^4\)

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

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

58\% of HHs reported not living in a functional domestic space\(^6\)

Education

Reported regular school attendance by age and gender: \(^8,9\)

- 56\% Boys | Girls 43% \(\uparrow\)
- 34\% 12 - 18
- 20\% 5 - 11
- 68% 75%

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

---

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information \(^{41}\). Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- **91%** Received healthcare
- **9%** Didn’t receive healthcare

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

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

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

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

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

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

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

---

**Water, Sanitation and Hygiene (WASH)**

**Access to functioning handwashing facilities:**

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

**Access to sanitation facilities:**

All HHs reported having access to **improved sanitation facilities**

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

---

**Protection**

**Top three most commonly reported protection risks:**

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

**Feeling of safety after dark while walking alone in the camp:**

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

---

**Psychosocial distress:**

- **28%** of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **27%** HHs reported that at least one of their children (3-17) showed these signs³

**Separated Children**

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

**Top three most commonly reported service points for GBV:**

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

---

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

Introduction

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

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

Survey Demographics

52% Males | Females 48%

Aid Distribution

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

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

Summary of Sectoral Needs

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of Households with Sectoral Living Standard Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>56%</td>
</tr>
<tr>
<td>Food Security</td>
<td>11%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>67%</td>
</tr>
<tr>
<td>Health</td>
<td>37%</td>
</tr>
<tr>
<td>Protection</td>
<td>58%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>81%</td>
</tr>
<tr>
<td>WASH</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>45%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>2%</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>31%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>8%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>41%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

Priority Needs

Most commonly first ranked priority need:
Access to food 70%
Shelter materials/upgrade 17%
Electricity/solar lamps/batteries 3%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
Food 97%
Household/cooking items 50%
Shelter materials/upgrade 45%

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

#### Median HH Income and Expenditure (month prior data collection)

<table>
<thead>
<tr>
<th>Income:</th>
<th>850 BDT (8 USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure:</td>
<td>6,050 BDT (56 USD)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top three most commonly reported HH income and cash inflow sources in the 30 days prior to data collection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian assistance</td>
</tr>
<tr>
<td>Loans, support from family/friends</td>
</tr>
<tr>
<td>Casual or daily labour (excl. CFW)</td>
</tr>
</tbody>
</table>

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

- **Food**: 79%
- **Health**: 12%
- **Communication**: 3%

### Shelter & Camp Coordination and Camp Management (SCCCM)

<table>
<thead>
<tr>
<th>Top three most commonly reported enclosure issues:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor damage to roof</td>
</tr>
<tr>
<td>Leaks during rain</td>
</tr>
<tr>
<td>Damage to walls</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top three most commonly reported NFI needs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosquito nets</td>
</tr>
<tr>
<td>Blankets</td>
</tr>
<tr>
<td>Kitchen sets</td>
</tr>
</tbody>
</table>

### Food Security

#### Reduced Coping Strategy Index (rCSI)1

- None or Low: 40%
- Medium: 56%
- High: 4%

#### Livelihoods-based Coping Strategies (LCS)2,3

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

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

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

### Education

<table>
<thead>
<tr>
<th>Reported regular school attendance by age and gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>62% Boys</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>45% of children aged 4 were reportedly receiving early childhood education</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - 11</td>
</tr>
<tr>
<td>12 - 18</td>
</tr>
</tbody>
</table>

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps. Variations may therefore exceed 100%.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the [Education Sector Dashboard](#), compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 90% Received healthcare
- 10% Didn’t receive healthcare

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:⁴

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

Access to sanitation facilities:
All HHs reported having access to improved sanitation facilities⁵

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

Protection

Top three most commonly reported protection risks:⁶

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

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

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

Of the 10% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:¹²

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

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

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

Top primary sources of drinking water:

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

Access to an improved drinking water source:

61% of HHs reported having access to an improved drinking water source⁷

Psychosocial distress:

- 38% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 22% HHs reported that at least one of their children (3-17) showed these signs⁸

Separated Children

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

Top three most commonly reported service points for GBV:⁹

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

1. Respondents could select multiple options except when selecting “None”. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “None”. Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Camp 2W

Introduction

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

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

Summary of Sectoral Needs

<table>
<thead>
<tr>
<th>Sector</th>
<th>Scale 3</th>
<th>Scale 4 or 4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>31%</td>
<td>35%</td>
</tr>
<tr>
<td>Food Security</td>
<td>0%</td>
<td>14%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>Health</td>
<td>1%</td>
<td>23%</td>
</tr>
<tr>
<td>Protection</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>Shelter and NFi</td>
<td>19%</td>
<td>62%</td>
</tr>
<tr>
<td>WASH</td>
<td>65%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Survey Demographics

- Males 49% | Females 51%

- 3% +60 | 2% -60
- 17% 18-59 | 22% 19-60
- 19% 6-17 | 19% 17-24
- 10% 0-5 | 8% 5-10

Aid Distribution

- 85% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection
- 18% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Priority Needs

Most commonly first ranked priority need:
- Access to food 74%
- Shelter materials/upgrade 9%
- Electricity/solar lamps/batteries 4%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
- Food 96%
- Shelter materials/upgrade 52%
- Health services/medicine 43%

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

Median HH Income and Expenditure (month prior data collection)

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

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

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

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

- Food: 76%
- Health: 13%
- Communication: 4%

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

Food Security

Reduced Coping Strategy Index (rCSI) 1

- None or Low: 34%
- Medium: 62%
- High: 4%

Livelihoods-based Coping Strategies (LCS) 2,3

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

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

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues: 4

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

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

56% of HHs reported not living in a functional domestic space.

Education

Reported regular school attendance by age and gender: 5,6

- 62% Boys | Girls 52% ±

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

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 91% Received healthcare
- 9% Didn’t receive healthcare

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

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

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities4

- 91% of HHs reported sharing these latrines.

On average, HHs shared latrines with other 10 HHs

Protection

Top three most commonly reported protection risks:

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

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

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

Psychosocial distress:

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

Separated Children

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

Top three most commonly reported service points for GBV:

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

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

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

Survey Demographics

<table>
<thead>
<tr>
<th>50% Males</th>
<th>Females 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>+60</td>
</tr>
<tr>
<td>19%</td>
<td>18-59</td>
</tr>
<tr>
<td>18%</td>
<td>6-17</td>
</tr>
<tr>
<td>10%</td>
<td>0-5</td>
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</tbody>
</table>

Aid Distribution

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

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

Most commonly reported type of assistance received:
- Food assistance: 89%
- NFI assistance: 58%
- Health assistance: 54%

Priority Needs

Most commonly first ranked priority need:
- Access to food: 68%
- Shelter materials/upgrade: 10%
- Electricity/solar lamps/batteries: 6%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
- Food: 96%
- Household/cooking items: 46%
- Shelter materials/upgrade: 33%

SUMMARY OF SECTORAL NEEDS

| Sector                  | % of Households with Sectoral Living Standard Gaps
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>51% 35%</td>
</tr>
<tr>
<td>Food Security</td>
<td>19% 18%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>67% 22%</td>
</tr>
<tr>
<td>Health</td>
<td>30% 26%</td>
</tr>
<tr>
<td>Protection</td>
<td>45% 14%</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>71% 50%</td>
</tr>
<tr>
<td>WASH</td>
<td>59% 18%</td>
</tr>
</tbody>
</table>

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


**Livelihoods and Skills Development**

**Median HH Income and Expenditure (month prior data collection)**

- **Income:**
  - 1,000 BDT (9 USD)\(^5\)
  - 4,000 BDT (37 USD)\(^5\)
  - 5,225 BDT (48 USD)\(^5\)

- **Other cash inflows:**
  - 4,000 BDT (37 USD)\(^5\)
  - 5,225 BDT (48 USD)\(^5\)

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

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

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

- **Food:** 87%
- **Communication:** 4%
- **NFI:** 3%

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

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**Shelter & Camp Coordination and Camp Management (SCCCM)**

**Top three most commonly reported enclosure issues:**

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

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

49% of HHs reported not living in a functional domestic space\(^6\).

**Top three most commonly reported NFI needs:**

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

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

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

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**Education**

**Reported regular school attendance by age and gender:**

- **73% Boys | Girls 56%**

- 60% aged 12 - 18
- 82% aged 5 - 11

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

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

- Attending Madrasa
- Education is not a priority

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1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihood-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshi Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricty without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the [Education Sector Dashboard](#), compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 92% Received healthcare
- 8% Didn’t receive healthcare

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

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

Access to sanitation facilities:

- All HHs reported having access to improved sanitation facilities

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

Protection

Top three most commonly reported protection risks:

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

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

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

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

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

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

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

Psychosocial distress:

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

Separated Children

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

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC): 50%
- Majhi: 37%
- Don’t know: 35%
Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: Access to food 68%
Shelter materials/upgrade 14%
Electricity/solar lamps/batteries 8%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year: Food 95%
Shelter materials/upgrade 51%
Household/cooking items 51%

Survey Demographics

50% Males | Females 50%
3% 18-59 2% +60
19% 6-17 25% 25%
16% 0-5 12% 11%

Aid Distribution

77% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection
18% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Most commonly reported type of assistance received: Food assistance 94%
Health assistance 65%
NFI assistance 61%

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps

Education 47% 16% 31%
Food Security 2% 0% 2%
Livelihoods 68% 38% 30%
Health 28% 4% 25%
Protection 42% 17% 25%
Shelter and NFIs 78% 26% 52%
WASH 62% 39% 22%

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

Reduced Coping Strategy Index (rCSI): 1

None or Low: 24%
Medium: 73%
High: 3%

Livelihoods-based Coping Strategies (LCS): 2,3

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

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

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

Top three most commonly reported NFI needs: 4

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

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues: 4

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

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

56% of HHs reported not living in a functional domestic space 5

Education

Reported regular school attendance by age and gender: 6,7

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td>55%</td>
</tr>
<tr>
<td>83%</td>
<td>55%</td>
</tr>
</tbody>
</table>

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricty without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- **92%** Received healthcare
- **8%** Didn’t receive healthcare

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- Fixed or mobile handwashing place: 71%
- No handwashing place: 29%

Access to sanitation facilities:

- All HHs reported having access to **improved** sanitation facilities
- 97% of HHs reported sharing these latrines.

Access to an improved drinking water source:

- 61% of HHs reported having access to an **improved drinking water source**

Protection

Top three most commonly reported protection risks:

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

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

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

Psychosocial distress:

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

Separated Children

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

Top three most commonly reported service points for GBV:

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

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

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: 63% of HHs reported access to food as the most critical need.

Electricity/solar lamps/batteries: 13%
Shelter materials/upgrade: 8%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year: 97% for food, 48% for electricity/solar lamps/batteries, and 48% for household/cooking items.

Survey Demographics

51% Males | Females 49%
+60 1% | 18-59 22%
18-59 14% | 6-17 14%
0-5 12%

Aid Distribution

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

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

Most commonly reported type of assistance received: 83% for food assistance, 77% for WASH assistance, and 61% for NFI assistance.

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

Reduced Coping Strategy Index (rCSI)1

- 30% None or Low
- 59% Medium
- 11% High

Livelihoods-based Coping Strategies (LCS)2,3

Emergency
- 8%

Crisis
- 33%

Stress
- 48%

None
- 11%

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

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

Livelihoods and Skills Development

Median HH Income and Expenditure (month prior to data collection)

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

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

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

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

- Food: 91%
- Communication: 4%
- Transportation: 3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4

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

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

66% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:6

- 70% Boys | Girls 60%7
- 36% 12 - 18
- 88% 5 - 11
- 18% 18%
- 96%
- 69% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

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3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshi Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- **89%** Received healthcare
- **11%** Didn’t receive healthcare

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

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

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

Of the **11%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:  
- Consultation or drugs for acute illness **86%**
- Preventative consultation / check-up **14%**
- Trauma care **7%**

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

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

**Water, Sanitation and Hygiene (WASH)**

Access to functioning handwashing facilities:

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

Access to sanitation facilities:

- All HHs reported having access to **improved sanitation facilities**
- **99%** of HHs reported sharing these latrines.
- On average, HHs shared latrines with other **5 HHs**

Access to an improved drinking water source:

- **78%** of HHs reported having access to an **improved drinking water source**

**Protection**

Top three most commonly reported protection risks:

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

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

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

Psychosocial distress:

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

Separated Children

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

Top three most commonly reported service points for GBV:

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

---

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

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

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of Households with Sectoral Living Standard Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>44%</td>
</tr>
<tr>
<td>Food Security</td>
<td>7%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>59%</td>
</tr>
<tr>
<td>Health</td>
<td>29%</td>
</tr>
<tr>
<td>Protection</td>
<td>59%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>73%</td>
</tr>
<tr>
<td>WASH</td>
<td>61%</td>
</tr>
</tbody>
</table>

Survey Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Aid Distribution

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

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

Priority Needs

Most commonly first ranked priority need:

Access to food: 65%

Shelter materials/upgrade: 16%

Electricity/solar lamps/batteries: 11%

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

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

Food: 89%

Shelter materials/upgrade: 57%

Household/cooking items: 33%

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

Median HH Income and Expenditure (month prior data collection):

- **Income:**
  - 3,000 BDT (27 USD)
  - 6,475 BDT (59 USD)
  - 6,420 BDT (59 USD)

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

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

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

- **Food:** 90%
- **Transportation:** 3%
- **Communication:** 3%

Top three most commonly reported NFI needs:

- **Solar lamps/panels:** 57%
- **Kitchen sets:** 56%
- **Mosquito nets:** 56%

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

- **Loans, support from family/friends:** 3%
- **Casual or daily labour (excl. CFW):** 4%
- **Humanitarian assistance:** 5%

Top three most commonly reported HH expenditure:

- **Casual or daily labour (excl. CFW):** 44%
- **Humanitarian assistance:** 38%
- **Loans, support from family/friends:** 36%

Livelihoods-based Coping Strategies (LCS):

- **Emergency:** 3%
- **Crisis:** 40%
- **Stress:** 47%
- **None:** 10%

The most commonly reported coping strategies found to be:

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

Food Security

Reduced Coping Strategy Index (rCSI):

- None or Low: 44%
- Medium: 46%
- High: 10%

Top three most commonly reported enclosure issues:

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

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

72% of HHs reported not living in a functional domestic space.

Education

Reported regular school attendance by age and gender:

- **Boys:** 64% 12-18, 88% 5-11
- **Girls:** 78% 71%

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 USD (US$) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
### Health

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

- **85%** Received healthcare
- **15%** Didn’t receive healthcare

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

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific medicine, treatment, service unavailable</td>
<td>38%</td>
</tr>
<tr>
<td>Long waiting time for the service/overcrowded</td>
<td>36%</td>
</tr>
<tr>
<td>None</td>
<td>34%</td>
</tr>
</tbody>
</table>

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

Of the **15%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**: 1.2

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

### Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**

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

**Access to sanitation facilities:**

All HHs reported having access to **improved sanitation facilities**

- **94%** of HHs reported sharing these latrines.

On average, HHs shared latrines with other **9 HHs**

### Protection

**Top three most commonly reported protection risks:**

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

**Feeling of safety after dark while walking alone in the camp:**

<table>
<thead>
<tr>
<th>Safety Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never walk alone</td>
<td>3%</td>
</tr>
<tr>
<td>Very safe</td>
<td>13%</td>
</tr>
<tr>
<td>Fairly safe</td>
<td>29%</td>
</tr>
<tr>
<td>Bit unsafe</td>
<td>25%</td>
</tr>
<tr>
<td>Very unsafe</td>
<td>30%</td>
</tr>
</tbody>
</table>

### Psychosocial distress:

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

### Separated Children

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

**Top three most commonly reported service points for GBV:**

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

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: Access to food (71%)
Shelter materials/upgrade (12%)
Electricity/solar lamps/batteries (5%)

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

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

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

Survey Demographics

- Males 52%
- Females 48%
- 2% +60
- 19% 18-59
- 18% 6-17
- 13% 0-5

Aid Distribution

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

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

Most commonly reported type of assistance received:

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of HHs with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>63% 24% 39%</td>
</tr>
<tr>
<td>Food Security</td>
<td>7% 0% 7%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>67% 32% 35%</td>
</tr>
<tr>
<td>Health</td>
<td>24% 2% 22%</td>
</tr>
<tr>
<td>Protection</td>
<td>69% 49% 20%</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>82% 27% 55%</td>
</tr>
<tr>
<td>WASH</td>
<td>46% 24% 22%</td>
</tr>
</tbody>
</table>

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

**Reduced Coping Strategy Index (rCSI)**

- None or Low: 17%
- Medium: 69%
- High: 14%

**Livelihoods-based Coping Strategies (LCS)**

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

The most commonly reported coping strategies were found to be:

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

### Shelter & Camp Coordination and Camp Management (SCCCM)

**Top three most commonly reported enclosure issues:**

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

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

57% of HHs reported not living in a functional domestic space.

### Livelihoods and Skills Development

**Median HH Income and Expenditure (month prior to data collection):**

- **Income:** 2,900 BDT (27 USD)
- **Expenditure:** 6,600 BDT (60 USD)

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

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

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

- Food: 77%
- Health: 15%
- NFI: 3%

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

### Education

**Reported regular school attendance by age and gender:**

- 70% Boys | Girls 54%
- 52% 12 - 18
- 84% 5 - 11

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

---

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- 91% Received healthcare
- 9% Didn’t receive healthcare

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

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

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

Of the 9% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:³

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

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

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

**Water, Sanitation and Hygiene (WASH)**

Access to functioning handwashing facilities:¹

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

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities⁴

90% of HHs reported sharing these latrines.

On average, HHs shared latrines with other 10 HHs

Access to an improved drinking water source:

78% of HHs reported having access to an improved drinking water source⁵

Top primary sources of drinking water:

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

**Protection**

Top three most commonly reported protection risks:⁶

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

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

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

Psychosocial distress:

38% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 22% HHs reported that at least one of their children (3-17) showed these signs⁸

Separated Children

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

Top three most commonly reported service points for GBV:⁹

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

---

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

Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: Access to food 75%
Shelter materials/upgrade 8%
Electricity/solar lamps/batteries 8%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year: Food 98%

Survey Demographics

48% Males | Females 52%

Aid Distribution

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

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

Most commonly reported type of assistance received:

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps

- Education 44% 16% 29%
- Food Security 7% 1% 6%
- Livelihoods 64% 34% 29%
- Health 30% 6% 24%
- Protection 48% 26% 22%
- Shelter and NFI 82% 18% 65%
- WASH 40% 24% 16%

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

#### Reduced Coping Strategy Index (rCSI)\(^1\)

- None or Low: 26%
- Medium: 67%
- High: 7%

#### Livelihoods-based Coping Strategies (LCS)\(^2,3\)

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

The most commonly reported coping strategies were found to be: \(^4\)

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

### Shelter & Camp Coordination and Camp Management (SCCCM)

#### Top three most commonly reported enclosure issues: \(^4\)

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

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

52% of HHs reported **not living in a functional domestic space**\(^5\)

### Education

**Reported regular school attendance by age and gender:** \(^6,7\)

- 65% Boys | Girls 62%
- 12 - 18: 33%
- 5 - 11: 83%
- 15%: 12 - 18
- 91%: 5 - 11

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

### Livelihoods and Skills Development

#### Median HH Income and Expenditure (month prior data collection)

- **Income:**
  - 2,000 BDT (18 USD)\(^5\)
  - 6,860 BDT (63 USD)\(^5\)
  - 6,440 BDT (59 USD)\(^5\)

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

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

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

- Food: 87%
- Health: 4%
- Communication: 3%

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

---

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the [Education Sector Dashboard](#), compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- **88%** Received healthcare
- **12%** Didn’t receive healthcare

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

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

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

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

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

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

- \(\leq 15\) minutes **59%**
- 16-30 minutes **37%**
- 31-60 minutes **4%**
- 1-2 hours **0%**

**Water, Sanitation and Hygiene (WASH)**

Access to functioning handwashing facilities:**\(^1\)

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

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities**\(^4\)

**92%** of HHs reported sharing these latrines.

On average, HHs shared latrines with other **9** HHs

**Protection**

Top three most commonly reported protection risks:**\(^6\)

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

Feeling of safety after dark while walking alone in the camp:**\(^7\)

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

Psychosocial distress:

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

Separated Children

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

Top three most commonly reported service points for GBV:**\(^9\)

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

---

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

Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need:

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

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

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

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

Survey Demographics

- 52% Males | Females 48%
- 4% +60
- 20% 18-59
- 18% 6-17
- 10% 0-5

Aid Distribution

- 79% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection
- 16% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:

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

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

Median HH Income and Expenditure (month prior to data collection)

<table>
<thead>
<tr>
<th>Income:</th>
<th>2,500 BDT (23 USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp.:</td>
<td>6,720 BDT (66 USD)</td>
</tr>
<tr>
<td></td>
<td>8,000 BDT (73 USD)</td>
</tr>
</tbody>
</table>

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

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

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

- Food: 83%
- Health: 9%
- Communication: 3%

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

Food Security

Reduced Coping Strategy Index (rCSI)¹

- None or Low: 23%
- Medium: 74%
- High: 3%

Livelihoods-based Coping Strategies (LCS)²,³

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

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

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

Top three most commonly reported enclosure issues:⁴

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

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

47% of HHs reported not living in a functional domestic space⁵

Top three most commonly reported NFI needs:⁴

- Mosquito nets: 60%
- Kitchen sets: 55%
- Blankets: 53%

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

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

Education

Reported regular school attendance by age and gender:⁶

- 12 - 18: 60%
- 5 - 11: 50%
- 0 - 4: 27%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported NFI needs:⁴

- Mosquito nets: 60%
- Kitchen sets: 55%
- Blankets: 53%

Of the 29% of HHs who reported that at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly⁷ learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook, store water, sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 93% Received healthcare
- 7% Didn’t receive healthcare

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

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

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities⁴

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

Access to an improved drinking water source:

- 70% of HHs reported having access to an improved drinking water source⁵

Protection

Top three most commonly reported protection risks:

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

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

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

Psychosocial distress:

40% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 37% HHs reported that at least one of their children (3-17) showed these signs⁶

Separated Children

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

Top three most commonly reported service points for GBV:

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

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

Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: 2
Access to food 73%
Shelter materials/upgrade 11%
Electricity/solar lamps/batteries 5%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year: 3
Food 99%
Household/cooking items 50%
Health services/medicine 46%

Survey Demographics

50% Males | Females 50% ↑
3% +60 2%
20% 18-59 22%
15% 6-17 18%
12% 0-5 8%

Aid Distribution

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

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

Most commonly reported type of assistance received: 4
Food assistance 95%
Health assistance 66%
WASH assistance 55%

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of households with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>55%</td>
</tr>
<tr>
<td>Food Security</td>
<td>6%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>57%</td>
</tr>
<tr>
<td>Health</td>
<td>24%</td>
</tr>
<tr>
<td>Protection</td>
<td>58%</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>78%</td>
</tr>
<tr>
<td>WASH</td>
<td>42%</td>
</tr>
</tbody>
</table>

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

Reduced Coping Strategy Index (rCSI)\(^1\)

- None or Low: 32%
- Medium: 60%
- High: 8%

Livelihoods-based Coping Strategies (LCS)\(^2,3\)

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

The most commonly reported coping strategies were found to be:\(^4\)

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

Livelihoods and Skills Development

Median HH Income and Expenditure (month prior data collection)

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

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

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

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

- Food: 79%
- Health: 11%
- Transportation: 3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:\(^4\)

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

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

68% of HHs reported not living in a functional domestic space\(^5\)

Education

Reported regular school attendance by age and gender:\(^6,7\)

- Boys: 67% | Girls: 68%
- 12 - 18: 35%
- 5 - 11: 92%

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshi Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- **93%** Received healthcare
- **7%** Didn’t receive healthcare

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Time</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤15 minutes</td>
<td>44%</td>
</tr>
<tr>
<td>16-30 minutes</td>
<td>40%</td>
</tr>
<tr>
<td>31-60 minutes</td>
<td>14%</td>
</tr>
<tr>
<td>1-2 hours</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Water, Sanitation and Hygiene (WASH)**

**Access to functioning handwashing facilities:**‡

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

**Access to sanitation facilities:**

All HHs reported having access to **improved sanitation facilities**§

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

**Access to an improved drinking water source:**

- **82%** of HHs reported having access to an **improved drinking water source**§

**Protection**

**Top three most commonly reported protection risks:**§

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

**Feeling of safety after dark while walking alone in the camp:**¶

<table>
<thead>
<tr>
<th>Feeling</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never walk alone</td>
<td>2%</td>
</tr>
<tr>
<td>Very safe</td>
<td>6%</td>
</tr>
<tr>
<td>Fairly safe</td>
<td>37%</td>
</tr>
<tr>
<td>Bit unsafe</td>
<td>27%</td>
</tr>
<tr>
<td>Very unsafe</td>
<td>28%</td>
</tr>
</tbody>
</table>

**Psychosocial distress:**

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

**Separated Children**

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

**Top three most commonly reported service points for GBV:**

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

---

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available [here](#)
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “None” (20%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need: Access to food

- 73%
- 9%
- 7%

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

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

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

Survey Demographics

- 48% Males | Females 52%
- 3% +60 | 3%
- 18% 18-59 | 24%
- 18% 6-17 | 16%
- 9% 0-5 | 9%

Aid Distribution

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

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

Most commonly reported type of assistance received:

- Food assistance: 94%
- WASH assistance: 72%
- Health assistance: 55%

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of households with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>66%  33%  33%</td>
</tr>
<tr>
<td>Food Security</td>
<td>6%   0%  6%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>64%  34%  31%</td>
</tr>
<tr>
<td>Health</td>
<td>37%  2%  35%</td>
</tr>
<tr>
<td>Protection</td>
<td>38%  20%  17%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>66%  12%  55%</td>
</tr>
<tr>
<td>WASH</td>
<td>66%  61%  5%</td>
</tr>
</tbody>
</table>

1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
3. Stress: spent savings, bought food on credit or borrowed food, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other income sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook, store water, sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Of the **55%** of individuals who required healthcare services in the three months prior to data collection:

- **86%** Received healthcare
- **14%** Didn’t receive healthcare

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

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

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

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

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

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

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

**Top primary sources of drinking water:**

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

**Access to sanitation facilities:**

All HHs reported having access to **improved sanitation facilities**

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

**Protection**

**Top three most commonly reported protection risks:**

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

**Feeling of safety after dark while walking alone in the camp:**

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

**Psychosocial distress:**

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

**Separated Children**

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

**Top three most commonly reported service points for GBV:**

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

---

1. Respondents could select multiple options except when selecting “None”. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHS gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available [here](#).
5. Improved drinking water sources include taps such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (37%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Camp 10

Introduction

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

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

Camp Overview

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

Priority Needs

Most commonly first ranked priority need:

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

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

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

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

Survey Demographics

- 50% Males | Females 50%
- 3% +60 2% 2%
- 20% 18-59 23% 23%
- 17% 6-17 15% 15%
- 10% 0-5 10% 10%

Aid Distribution

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

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

Most commonly reported type of assistance received:

- Food assistance: 100%
- Health assistance: 74%
- WASH assistance: 66%

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps

<table>
<thead>
<tr>
<th>Sector</th>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>23% 25%</td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td>0% 7%</td>
<td></td>
</tr>
<tr>
<td>Livelihoods</td>
<td>28% 33%</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>3% 30%</td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>25% 28%</td>
<td></td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>15% 49%</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>62% 13%</td>
<td></td>
</tr>
</tbody>
</table>

1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](link). Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihood-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other income sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Variations in the rCSI might be observed in other assessments.
9. Of the 34% of HHs who reported that at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly learning facilities in the 2022-2023 school year, the most commonly reported barriers included:
   - Education is not a priority
   - Attending Madrasa
10. Of the 9% of HHs who reported that learning facilities were not regularly learning facilities, 6% had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

### Food Security

**Reduced Coping Strategy Index (rCSI)**

- **None or Low**: 26%
- **Medium**: 63%
- **High**: 11%

### Livelihoods and Skills Development

**Median HH Income and Expenditure (month prior data collection)**

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

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

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

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

- **Food**: 78%
- **Health**: 11%
- **Transportation**: 3%

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

### Shelter & Camp Coordination and Camp Management (SCCCM)

**Top three most commonly reported enclosure issues:**

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

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

50% of HHs reported not living in a functional domestic space.

### Education

**Reported regular school attendance by age and gender:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-18</td>
<td>71%</td>
<td>61%</td>
</tr>
<tr>
<td>19%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

90% of children aged 5-11 were reportedly receiving early childhood education.

89% of children aged 6-11 were reportedly receiving early childhood education.

100% of children aged 12-18 were reportedly receiving early childhood education.

- **Top three most commonly reported NFI needs:**
  - Blankets: 60%
  - Mosquito nets: 60%
  - Kitchen sets: 57%

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

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

11% of HHs reported that at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa
Health

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

- 90% Received healthcare
- 10% Didn’t receive healthcare

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

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

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities. 92% of HHs reported sharing these latrines. On average, HHs shared latrines with other 10 HHs.

Protection

Top three most commonly reported protection risks:

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

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

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

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

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*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.
Joint Multi Sectoral Needs Assessment:
Camp 11

Introduction

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

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of Households with Sectoral Living Standard Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>26% 28%</td>
</tr>
<tr>
<td>Food Security</td>
<td>0% 2%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>22% 27%</td>
</tr>
<tr>
<td>Health</td>
<td>6% 19%</td>
</tr>
<tr>
<td>Protection</td>
<td>5% 19%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>22% 51%</td>
</tr>
<tr>
<td>WASH</td>
<td>29% 15%</td>
</tr>
</tbody>
</table>

Survey Demographics

- 49% Males | Females 51%
- 4% +60 | 2% 18-59 | 23% 6-17 | 17% 0-5 | 9%

Aid Distribution

- 87% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection
- 13% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Priority Needs

Most commonly first ranked priority need:
- Access to food 79%
- Shelter materials/upgrade 11%
- Access to health services and/or medicine 3%

92% of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
- Food 99%
- Shelter materials/upgrade 48%
- Household/cooking items 30%

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

Median HH Income and Expenditure (month prior data collection)

<table>
<thead>
<tr>
<th>Income:</th>
<th>5,000 BDT (46 USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other cash inflows:</td>
<td>6,405 BDT (59 USD)</td>
</tr>
<tr>
<td>Expenditure:</td>
<td>9,550 BDT (88 USD)</td>
</tr>
</tbody>
</table>

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

- Humanitarian assistance: 88%
- Casual or daily labour (excl. CFW): 54%
- Loans, support from family/friends: 50%

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

- Food: 79%
- Health: 13%
- Communication: 3%

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

Food Security

Reduced Coping Strategy Index (rCSI)\(^1\):

- None or Low: 25%
- Medium: 61%
- High: 14%

Livelihoods-based Coping Strategies (LCS)\(^2,3\):

- Emergency: 2%
- Crisis: 24%
- Stress: 63%
- None: 11%

The most commonly reported coping strategies were found to be:

- Bought food on credit or borrow food: 73%
- Borrowed money to meet essential needs: 73%
- Reduce essential non-food expenditures: 21%

Shelter & Camp Management (SCCCM)

Top three most commonly reported NFI needs:

- Mosquito nets: 57%
- Blankets: 56%
- Kitchen sets: 47%

Top three most commonly reported enclosure issues:

- Leaks during rain: 44%
- Damage to walls: 40%
- Damage to floors: 29%

51% of HHs reported having improved their shelter in the 12 months prior to data collection.

55% of HHs reported not living in a functional domestic space\(^4\).

Education

Reported regular school attendance by age and gender:

-ergarten to 5: 51%
- 6-11: 85%
- 12-18: 15%
- 15-18: 88%

63% of children aged 4 were reportedly receiving early childhood education.

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1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis, or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- **92%** Received healthcare
- **8%** Didn’t receive healthcare

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

1. Long waiting time for the service/overcrowded: **55%**
2. Specific medicine, treatment, service unavailable: **35%**
3. None: **34%**

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- **75%** Fixed or mobile handwashing place
- **25%** No handwashing place
- **0%** No permission to observe facilities

Access to sanitation facilities:

- All HHs reported having access to improved sanitation facilities.

**94%** of HHs reported sharing these latrines.

On average, HHs shared latrines with other **9 HHs**

Protection

Top three most commonly reported protection risks:

- Crime and violence: **36%**
- Restrictions of movement: **15%**
- Problems caused by environmental degradation: **14%**

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

- Never walk alone after dark: **3%**
- Very safe: **27%**
- Fairly safe: **49%**
- Bit unsafe: **20%**
- Very unsafe: **1%**

Psychosocial distress:

**42%** of HHs reported having a household member showing signs of psychosocial distress or trauma, of which **15%** HHs reported that at least one of their children (3-17) showed these signs.

Separated Children

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

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC): **65%**
- Majhi: **56%**
- Don’t know: **19%**

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1. Respondents could select multiple options except when selecting “None”. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available [here](#).
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (48%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 12 in Ukhia, Cox’s Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Survey Demographics

53% Males | Females 47%

2% +60 2%
20% 18-59 22%
20% 6-17 18%
11% 0-5 5%

Aid Distribution

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

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

Most commonly reported type of assistance received:

Food assistance 95%
Health assistance 66%
WASH assistance 52%

Priority Needs

Most commonly first ranked priority need:

Access to food 83%
Shelter materials/upgrade 4%
Electricity/solar lamps/batteries 4%

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

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

Food 96%
Shelter materials/upgrade 66%
Household/cooking items 39%

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps

Education 59% 25% 34%
Food Security 2% 0% 2%
Livelihoods 64% 25% 39%
Health 28% 3% 25%
Protection 27% 13% 15%
Shelter and NFIs 76% 18% 58%
WASH 52% 43% 9%

1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
Livelihoods-based Coping Strategies (LCS)\(^2,3\)

- Emergency: 6%
- Crisis: 37%
- Stress: 48%
- None: 9%

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

- Borrowed money to meet essential needs: 76%
- Bought food on credit or borrow food: 72%
- Reduce essential non-food expenditures: 34%

Reduced Coping Strategy Index (rCSI)\(^1\)

- 13% None or Low
- 66% Medium
- 21% High

Livelihoods and Skills Development

Median HH Income and Expenditure (month prior to data collection)

| Income:⁶   | 4,000 BDT (37 USD)⁵ |
| Other cash inflows:⁶ | 7,730 BDT (71 USD)⁵ |
| Expenditure: | 9,280 BDT (85 USD)⁵ |

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

- Humanitarian assistance: 96%
- Loans, support from family/friends: 52%
- Casual or daily labour (excl. CFW): 41%

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

- Food: 77%
- Health: 15%
- Transportation: 2%

47% of HHs reported not having any income/livelihoods opportunities nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:⁴

- Leaks during rain: 43%
- Minor damage to roof: 38%
- None: 27%

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

58% of HHs reported not living in a functional domestic space⁵

Top three most commonly reported NFI needs:⁴

- Kitchen sets: 57%
- Blankets: 56%
- Solar lamps/panels: 53%

44% of HHs reported their LPG refill didn’t last until the next refill in the last 3 months

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

Education

Reported regular school attendance by age and gender:⁸⁸

70% Boys | Girls 55%

56% 12 - 18
82% 5 - 11
15% 94%

51% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook, store water, sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 92% Received healthcare
- 8% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded 43%
- Specific medicine, treatment, service unavailable 38%
- None 34%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 80% Fixed or mobile handwashing place
- 20% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:
All HHs reported having access to improved sanitation facilities of HHs reported sharing these latrines.
On average, HHs shared latrines with other 7 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence 31%
- People joining criminal groups 15%
- Problems caused by environmental degradation 9%

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

- Never walk alone after dark 4%
- Very safe 36%
- Fairly safe 39%
- Bit unsafe 14%
- Very unsafe 7%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (60%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

Psychosocial distress:

29% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 11% HHs reported that at least one of their children (3-17) showed these signs.

Separated Children

Of the 3% HHs who reported underage children were not living at home, 67% reported children left the household to marry

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC) 67%
- Majhi 51%
- Legal aid service providers 10%
Joint Multi Sectoral Needs Assessment: Camp 13

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 13 in Ukhiya, Cox’s Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

- Number of individuals: 44,898
- Number of HHs: 9,066
- Average HH size (individuals): 5
- Upazila: Ukhiya
- Year opened: 2017
- Site Management Agency: IOM
- Supporting Agency: CARE

Priority Needs

Most commonly first ranked priority need:

- Access to food: 79%
- Shelter materials/upgrade: 4%
- Electricity/solar lamps/batteries: 4%

95% of HHs reported that they can afford fewer goods and services compared to last year.

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

- Food: 90%
- Shelter materials/upgrade: 47%
- Health services/medicine: 33%

Survey Demographics

- 49% Males | Females 51%
- 4% +60 | 2% 0-5
- 19% 18-59 | 23% 6-17
- 17% 6-17 | 18% 0-5
- 9% 0-5 | 8%

Aid Distribution

90% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection.

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

Most commonly reported type of assistance received:

- Food assistance: 98%
- WASH assistance: 71%
- Health assistance: 70%

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

Median HH Income and Expenditure (month prior data collection)

<table>
<thead>
<tr>
<th>Income:</th>
<th>Other cash inflows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,350 BDT (40 USD)</td>
<td>6,625 BDT (61 USD)</td>
</tr>
</tbody>
</table>

Expenditure:

- 8,710 BDT (80 USD)

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

- Humanitarian assistance: 99%
- Casual or daily labour (excl. CFW): 57%
- Loans, support from family/friends: 44%

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

- Food: 77%
- Health: 16%
- Transportation: 3%

45% of HHs reported not having any income/livelihoods opportunities nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:

- Damage to walls: 39%
- Leaks during rain: 36%
- Minor damage to roof: 30%

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

53% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:

- 59% Boys | Girls 58%

- 36% 12 - 18
- 77% 5 - 11

58% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the [Education Sector Dashboard](#), compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 92% Received healthcare
- 8% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded: 59%
- Specific medicine, treatment, service unavailable: 38%
- None: 29%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 87% Fixed or mobile handwashing place
- 13% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities:

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

Protection

Top three most commonly reported protection risks:

- Crime and violence: 31%
- People joining criminal groups: 12%
- Restrictions of movement: 10%

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

- Never walk alone after dark: 6%
- Very safe: 42%
- Fairly safe: 38%
- Bit unsafe: 10%
- Very unsafe: 4%

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

- ≤15 minutes: 70%
- 16-30 minutes: 20%
- 31-60 minutes: 9%
- 1-2 hours: 1%

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

- Consultation or drugs for acute illness: 81%
- Consultation or drugs for chronic illness: 19%
- Preventive consultation / check-up: 10%

Psychosocial distress:

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

Separated Children

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

Access to an improved drinking water source:

- 53% of HHs reported having access to an improved drinking water source

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (62%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
10. The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.
Joint Multi Sectoral Needs Assessment: Camp 14

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 14 in Ukhiya, Cox’s Bazar district. Primary data was collected through 102 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

Number of individuals: 35,082
Number of HHs: 6,880
Average HH size (individuals): 5
Upazila: Ukhiya
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: IOM

Priority Needs

Most commonly first ranked priority need: Access to food 83%
Access to safe and functional latrines 4%
Access to income-generating activities/employment 3%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year: Food 93%, Shelter materials/upgrade 60%, Household/cooking items 44%

Survey Demographics

48% Males | Females 52%
+60 3% | 2% 21% 18-59 23% 16% 6-17 16% 8% 0-5 11%

Aid Distribution

86% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection
7% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:

Food assistance 97%
WASH assistance 73%
Health assistance 72%

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

Median HH Income and Expenditure (month prior to data collection)

- **Income:**
  - 3,250 BDT (30 USD)$^5$
  - 6,326 BDT (58 USD)$^5$
  - 8,045 BDT (74 USD)$^5$

- **Other cash inflows:**
  - 8,045 BDT (74 USD)$^5$

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

- **Humanitarian assistance**
  - 96%

- **Loans, support from family/friends**
  - 54%

- **Casual or daily labour (excl. CFW)**
  - 53%

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

- **Food**
  - 77%

- **Health**
  - 13%

- **Transportation**
  - 3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:

- None: 45%
- Damage to walls: 29%
- Leaks during rain: 24%

91% of HHs reported having improved their shelter in the 12 months prior to data collection.

57% of HHs reported not living in a functional domestic space.

Education

Reported regular school attendance by age and gender:

- **† 65% Boys | Girls 59 †**
- 41% 12 - 18
- 87% 5 - 11

68% of children aged 4 were reportedly receiving early childhood education.

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1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to a data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 USD (US$) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook, store water, sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the [Education Sector Dashboard](#), compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 92% Received healthcare
- 8% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded 52%
- Specific medicine, treatment, service unavailable 37%
- None 29%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:2

82% Fixed or mobile handwashing place
17% No handwashing place
1% No permission to observe facilities

Access to sanitation facilities:

- All HHs reported having access to improved sanitation facilities4
- 92% of HHs reported sharing these latrines.
- On average, HHs shared latrines with other 7 HHs

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

- Consultation or drugs for acute illness 61%
- Consultation or drugs for chronic illness 22%
- Preventative consultation / check-up 17%

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

- ≤15 minutes 40%
- 16-30 minutes 46%
- 31-60 minutes 14%
- 1-2 hours 0%

Protection

Top three most commonly reported protection risks:6

- Crime and violence 47%
- People joining criminal groups 22%
- Problems caused by environmental degradation 13%

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

- Never walk alone after dark 1%
- Very safe 24%
- Fairly safe 41%
- Bit unsafe 23%
- Very unsafe 11%

Psychosocial distress:

- 40% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 40% HHs reported that at least one of their children (3-17) showed these signs4

Separated Children

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

Top three most commonly reported service points for GBV:9

- Majhi 59%
- Camp-in-Charge (CiC) 56%
- Don’t know 24%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (43%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Camp 15

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 15 in Ukhiya, Cox’s Bazar district. Primary data was collected through 105 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

Number of individuals: 56,576
Number of HHs: 11,508
Average HH size (individuals): 5
Upazila: Ukhiya
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: IOM

Priority Needs

Most commonly first ranked priority need:
- Access to food: 77%
- Electricity/solar lamps/batteries: 10%
- Access to income-generating activities/employment: 4%

92% of HHs reported that they can afford fewer goods and services compared to last year.

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
- Food: 93%
- Shelter materials/upgrade: 48%
- Electricity/solar lamps/batteries: 36%

Survey Demographics

- 50% Males | Females 50%
- 4% +60
- 22% 18-59
- 14% 6-17
- 10% 0-5

Aid Distribution

92% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection.

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

Most commonly reported type of assistance received:
- Food assistance: 99%
- WASH assistance: 77%
- Health assistance: 70%

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of Households with Sectoral Living Standard Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>46%</td>
</tr>
<tr>
<td>Food Security</td>
<td>2%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>51%</td>
</tr>
<tr>
<td>Health</td>
<td>29%</td>
</tr>
<tr>
<td>Protection</td>
<td>62%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>70%</td>
</tr>
<tr>
<td>WASH</td>
<td>56%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
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</tr>
<tr>
<td>14%</td>
<td>56%</td>
</tr>
<tr>
<td>40%</td>
<td>16%</td>
</tr>
</tbody>
</table>

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

Median HH Income and Expenditure (month prior data collection)

<table>
<thead>
<tr>
<th>Income:</th>
<th>3,500 BDT (32 USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other cash inflows:</td>
<td>6,440 BDT (59 USD)</td>
</tr>
<tr>
<td>Expenditure:</td>
<td>7,400 BDT (68 USD)</td>
</tr>
</tbody>
</table>

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

- Humanitarian assistance: 97%
- Loans, support from family/friends: 62%
- Casual or daily labour (excl. CFW): 44%

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

- Food: 80%
- Health: 12%
- Communication: 3%

66% of HHs reported not having any income/livelihood opportunities nearby

Food Security

Reduced Coping Strategy Index (rCSI)1

- None or Low: 26%
- Medium: 67%
- High: 7%

Livelihoods-based Coping Strategies (LCS)2,3

- Emergency: 1%
- Crisis: 34%
- Stress: 58%
- None: 7%

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

- Bought food on credit or borrow food: 81%
- Borrowed money to meet essential needs: 80%
- Spent savings to meet essential needs: 30%

SHELTER & CAMP CoORDINATION and CAMP MANAGEMENT (SCCCM)

Top three most commonly reported enclosure issues: 4

- Leaks during rain: 44%
- Damage to walls: 38%
- None: 30%

70% of HHs reported having improved their shelter in the 12 months prior to data collection

60% of HHs reported not living in a functional domestic space4

EDUCATION

Reported regular school attendance by age and gender: 5,6

- 69% Boys | Girls 60%
- 51% 12 - 18
- 85% 5 - 11

77% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 USD dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 90% Received healthcare
- 10% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded 57%
- Specific medicine, treatment, service unavailable 44%
- Did not receive correct medications 39%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 72% Fixed or mobile handwashing place
- 26% No handwashing place
- 2% No permission to observe facilities

Access to sanitation facilities:
All HHs reported having access to improved sanitation facilities:

- 95% of HHs reported sharing these latrines.
- On average, HHs shared latrines with other 7 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence 66%
- People joining criminal groups 42%
- Restrictions of movement 11%

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

- Never walk alone after dark 8%
- Very safe 10%
- Fairly safe 30%
- Bit unsafe 29%
- Very unsafe 23%

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

- Consultation or drugs for acute illness 88%
- Consultation or drugs for chronic illness 22%
- Preventative consultation / check-up 12%

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

- ≤15 minutes 65%
- 16-30 minutes 31%
- 31-60 minutes 4%
- 1-2 hours 0%

Top primary sources of drinking water:

- Public tap/standpipe 54%
- Deep tubewell 38%
- Piped to neighbour 3%

Access to an improved drinking water source:

- 59% of HHs reported having access to an improved drinking water source

Psychosocial distress:

- 30% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 7% HHs reported that at least one of their children (3-17) showed these signs

Separated Children

Of the 5% HHs who reported underage children were not living at home, 80% reported children left the household to marry

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC) 67%
- Majhi 50%
- Health facilities 17%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (27%). Findings may therefore exceed 100%.
7. Answers were collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 16 in Ukhiya, Cox’s Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

Number of individuals: 22,107
Number of HHs: 4,602
Average HH size (individuals): 5
Upazila: Ukhiya
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: CARE

Priority Needs

Most commonly first ranked priority need:
Access to food 79%
Shelter materials/upgrade 6%
Electricity/solar lamps/batteries 6%

92% of HHs reported that they can afford fewer goods and services compared to last year.

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
Food 94%
Shelter materials/upgrade 52%
Electricity/solar lamps/batteries 37%

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of HHs with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>46%</td>
</tr>
<tr>
<td>Food Security</td>
<td>3%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>50%</td>
</tr>
<tr>
<td>Health</td>
<td>25%</td>
</tr>
<tr>
<td>Protection</td>
<td>24%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>77%</td>
</tr>
<tr>
<td>WASH</td>
<td>41%</td>
</tr>
</tbody>
</table>

Survey Demographics

50% Males | Females 50%
3% | +60 1%
20% | 18-59 22%
18% | 6-17 19%
9% | 0-5 8%

Aid Distribution

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

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

Most commonly reported type of assistance received:
Food assistance 93%
Health assistance 65%
WASH assistance 58%

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

Median HH Income and Expenditure (month prior to data collection)

Income: 4,000 BDT (37 USD)
Other cash inflows: 6,250 BDT (57 USD)
Expenditure: 8,950 BDT (82 USD)

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

- Humanitarian assistance: 91%
- Casual or daily labour (excl. CFW): 51%
- Loans, support from family/friends: 50%

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

- Food: 74%
- Health: 17%
- Transportation: 3%

46% of HHs reported not having any income/livelihoods opportunities nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:

- Leaks during rain: 52%
- Minor damage to roof: 34%
- Damage to walls: 34%

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

62% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:

- 72% Boys | Girls 63%
- 53% 12 - 18
- 86% 5 - 11

46% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 93% Received healthcare
- 7% Didn’t receive healthcare

68% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:

- Long waiting time for the service/overcrowded 51%
- Specific medicine, treatment, service unavailable 41%
- None 31%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 75% Fixed or mobile handwashing place
- 25% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence 41%
- People joining criminal groups 20%
- Restrictions of movement 15%

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

- Never walk alone after dark 2%
- Very safe 28%
- Fairly safe 50%
- Bit unsafe 14%
- Very unsafe 6%

Of the 5% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs: Consultation or drugs for acute illness 81%
Preventative consultation / check-up 37%
Consultation or drugs for chronic illness 22%

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

- ≤15 minutes 60%
- 16-30 minutes 35%
- 31-60 minutes 3%
- 1-2 hours 2%

Psychosocial distress:

55% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 10% HHs reported that at least one of their children (3-17) showed these signs.

Separated Children

Of the 3% HHs who reported underage children were not living at home, 67% reported children left the household to marry.

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC) 52%
- Majhi 48%
- Don’t know 27%

1. Respondents could select multiple options except when selecting “None”. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (47%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment:
Camp 17

Introduction

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

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

Camp Overview

Number of individuals: 18,986
Number of HHs: 4,058
Average HH size (individuals): 5
Upazila: Ukhia
Year opened: 2017
Site Management Agency: UNHCR
Supporting Agency: BRAC

Priority Needs

Most commonly first ranked priority need:
- Access to food: 66%
- Shelter materials/upgrade: 18%
- Electricity/solar lamps/batteries: 7%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
- Food: 84%
- Shelter materials/upgrade: 52%
- Health services/medicine: 34%

Survey Demographics

- 52% Males | Females 48%
- 2% +60 | 1% 60-69
- 18% 70-79 | 23% 80-89
- 20% 90-99 | 14% 100+
- 12% 0-5 | 10% 6-17

Aid Distribution

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

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

Most commonly reported type of assistance received:
- Food assistance: 94%
- Health assistance: 59%
- WASH assistance: 55%

1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflows: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook, store water, sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

**Livelihoods and Skills Development**

**Median HH Income and Expenditure (month prior data collection)**

<table>
<thead>
<tr>
<th>Income:</th>
<th>Other cash inflows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000 BDT (18 USD)³</td>
<td>6,160 BDT (57 USD)³</td>
</tr>
<tr>
<td>6,100 BDT (56 USD)³</td>
<td>6,100 BDT (56 USD)³</td>
</tr>
</tbody>
</table>

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

- Humanitarian assistance: 91%
- Loans, support from family/friends: 43%
- Casual or daily labour (excl. CFW): 41%

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

- Food: 90%
- Communication: 3%
- NFI: 2%

53% of HHs reported not having any income/livelihoods opportunities nearby

**Shelter & Camp Coordination and Camp Management (SCCCM)**

**Top three most commonly reported enclosure issues:**

- Leaks during rain: 44%
- Minor damage to roof: 42%
- Damage to walls: 40%

51% of HHs reported having improved their shelter in the 12 months prior to data collection

63% of HHs reported not living in a functional domestic space

**Top three most commonly reported NFI needs:**

- Mosquito nets: 65%
- Solar lamps/panels: 50%
- Blankets: 43%

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

50% of HHs reported not being aware of the complaint and feedback mechanism to reach aid providers

**Education**

**Reported regular school attendance by age and gender:**

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>51%</td>
<td>65%</td>
<td>63%</td>
</tr>
<tr>
<td>86%</td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>

Of the 31% of HHs who reported that at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority
Health

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

- **89%** received healthcare
- **11%** didn’t receive healthcare

**57%** of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>43%</td>
</tr>
<tr>
<td>Long waiting time for the service/overcrowded</td>
<td>31%</td>
</tr>
<tr>
<td>Health facility is too far away</td>
<td>22%</td>
</tr>
</tbody>
</table>

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- **74%** fixed or mobile handwashing place
- **25%** no handwashing place
- **1%** no permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to **improved sanitation facilities**

- **95%** of HHs reported sharing these latrines.

On average, HHs shared latrines with other **7 HHs**

Protection

Top three most commonly reported protection risks:

- Crime and violence: **47%**
- People joining criminal groups: **26%**
- Drugs, alcohol abuse or consumption: **11%**

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

- Never walk alone after dark: **17%**
- Very safe: **15%**
- Fairly safe: **21%**
- Bit unsafe: **25%**
- Very unsafe: **22%**

Healthcare

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

- Consultation or drugs for acute illness: **68%**
- Preventative consultation / check-up: **32%**
- Consultation or drugs for chronic illness: **24%**

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

- **≤15 minutes**: 46%
- 16-30 minutes: 39%
- 31-60 minutes: 13%
- 1-2 hours: 2%

Access to sanitation facilities:

- All HHs reported having access to **improved sanitation facilities**
- **4%** of HHs reported sharing these latrines.

On average, HHs shared latrines with other **7 HHs**

Psychosocial distress:

- **25%** of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **17%** HHs reported that at least one of their **children (3-17)** showed these signs

Separated Children

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

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC): **56%**
- Majhi: **40%**
- Don’t know: **23%**

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1. Respondents could select multiple options except when selecting “None”. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (42%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Camp 18

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 18 in Ukhiya, Cox’s Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of households with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>47%</td>
</tr>
<tr>
<td>Food Security</td>
<td>6%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>59%</td>
</tr>
<tr>
<td>Health</td>
<td>24%</td>
</tr>
<tr>
<td>Protection</td>
<td>43%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>86%</td>
</tr>
<tr>
<td>WASH</td>
<td>62%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>31%</td>
</tr>
<tr>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>33%</td>
<td>26%</td>
</tr>
<tr>
<td>2%</td>
<td>22%</td>
</tr>
<tr>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>18%</td>
<td>68%</td>
</tr>
<tr>
<td>42%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Survey Demographics

49% Males | Females 51%

1% 2% 18% 16% 13%

Aid Distribution

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

8% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:

Food assistance 96%
Health assistance 70%
WASH assistance 69%

Priority Needs

Most commonly first ranked priority need:

Access to food 93%
Shelter materials/upgrade 2%
Electricity/solar lamps/batteries 2%

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

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

Food 93%
Shelter materials/upgrade 45%
Household/cooking items 38%

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

Median HH Income and Expenditure (month prior to data collection):

- **Income:**
  - Medium: 3,000 BDT (28 USD)
  - Low: 7,020 BDT (64 USD)
  - High: 8,260 BDT (76 USD)

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

- **Humanitarian assistance:** 90%
- **Casual or daily labour (excl. CFW):** 56%
- **Loans, support from family/friends:** 55%

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

- **Food:** 78%
- **Health:** 14%
- **NFI:** 2%

**Livelihoods-based Coping Strategies (LCS)**

- **Emergency:** 4%
- **Crisis:** 27%
- **Stress:** 62%
- **None:** 7%

The most commonly reported coping strategies were found to be:

- Bought food on credit or borrow food: 78%
- Borrowed money to meet essential needs: 77%
- Spent savings to meet essential needs: 26%

**Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:

- **Leaks during rain:** 63%
- **Damage to walls:** 49%
- **Minor damage to roof:** 44%

**Livelihoods and Skills Development**

- **Food:** 78%
- **Health:** 14%
- **NFI:** 2%

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

**Education**

Reported regular school attendance by age and gender:

- **71% Boys | Girls 71%**
- **19% 5 - 11**
- **92% 12 - 18**

41% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is a indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook, store water, sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- **94%** Received healthcare
- **6%** Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded **57%**
- Specific medicine, treatment, service unavailable **34%**
- Did not receive correct medications **28%**

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

Of the **6%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:  
- Consultation or drugs for acute illness **83%**
- Consultation or drugs for chronic illness **20%**
- Preventative consultation / check-up **7%**

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

- ≤15 minutes **68%**
- 16-30 minutes **29%**
- 31-60 minutes **3%**
- 1-2 hours **0%**

**Water, Sanitation and Hygiene (WASH)**

Access to functioning handwashing facilities:

- **81%** Fixed or mobile handwashing place
- **19%** No handwashing place
- **0%** No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**

- **99%** of HHs reported sharing these latrines.
- On average, HHs shared latrines with other **9 HHs**

**Protection**

Top three most commonly reported protection risks:

- Crime and violence **50%**
- People joining criminal groups **26%**
- Problems caused by environmental degradation **20%**

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

- **12%** Never walk alone after dark
- **15%** Very safe
- **41%** Fairly safe
- **21%** Bit unsafe
- **11%** Very unsafe

**Psychosocial distress:**

- **48%** of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **16%** HHs reported that at least one of their children (3-17) showed these signs  

**Separated Children**

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

Top three most commonly reported service points for GBV:

- Majhi **69%**
- Camp-in-Charge (CiC) **62%**
- Women centres **23%**

---

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available [here](#).
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (38%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; extreme anxiety or out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment:
Camp 19

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 19 in Ukhia, Cox’s Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
<th>Scale 2 or 2+</th>
<th>Scale 1 or 1+</th>
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<tbody>
<tr>
<td>Education</td>
<td>53%</td>
<td>22%</td>
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<tr>
<td>Food Security</td>
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<td>2%</td>
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<tr>
<td>Livelihoods</td>
<td>50%</td>
<td>21%</td>
<td>29%</td>
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<tr>
<td>Health</td>
<td>26%</td>
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<tr>
<td>Protection</td>
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<tr>
<td>Shelter and NFI</td>
<td>74%</td>
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<td>54%</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>59%</td>
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<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

Survey Demographics

<table>
<thead>
<tr>
<th>Gender Distribution</th>
<th>51% Males</th>
<th>Females 49%</th>
</tr>
</thead>
<tbody>
<tr>
<td>+60</td>
<td>2%</td>
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</tr>
<tr>
<td>18-59</td>
<td>19%</td>
<td>21%</td>
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<tr>
<td>6-17</td>
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<td>15%</td>
</tr>
<tr>
<td>0-5</td>
<td>10%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Aid Distribution

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

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

Most commonly reported type of assistance received:

<table>
<thead>
<tr>
<th>Assistance Type</th>
<th>94%</th>
<th>73%</th>
<th>66%</th>
</tr>
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<tbody>
<tr>
<td>Food assistance</td>
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</tr>
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1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Priority Needs

Most commonly first ranked priority need:

- Access to food: 81%
- Electricity/solar lamps/batteries: 7%
- Shelter materials/upgrade: 5%

95% of HHs reported that they can afford fewer goods and services compared to last year.

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

- Food: 96%
- Shelter materials/upgrade: 59%
- Health services/medicine: 44%

Camp Overview

Number of individuals: 26,508
Number of HHs: 5,309
Average HH size (individuals): 6
Upazila: Ukhia
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: IOM

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 19 in Ukhia, Cox’s Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

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Aid Distribution

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

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

Most commonly reported type of assistance received:

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

Reduced Coping Strategy Index (rCSI)¹

- None or Low: 23%
- Medium: 65%
- High: 12%

Livelihoods-based Coping Strategies (LCS)²,³

- Emergency: 4%
- Crisis: 33%
- Stress: 49%
- None: 14%

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

- Borrowed money to meet essential needs: 72%
- Bought food on credit or borrow food: 69%
- Reduce essential non-food expenditures: 28%

Livelihoods and Skills Development

Median HH Income and Expenditure (month prior to data collection)

- Income: 4,000 BDT (37 USD)⁵
- Other cash inflows: 7,800 BDT (72 USD)⁵
- Expenditure: 7,840 BDT (72 USD)⁵

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

- Humanitarian assistance: 95%
- Casual or daily labour (excl. CFW): 49%
- Loans, support from family/friends: 43%

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

- Food: 81%
- Health: 11%
- Transportation: 3%

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

Shelter & Camp Management

Top three most commonly reported NFI needs:⁴

- Mosquito nets: 66%
- Kitchen sets: 62%
- Batteries: 50%

70% of HHs reported having improved their shelter in the 12 months prior to data collection

56% of HHs reported not living in a functional domestic space³

Education

Reported regular school attendance by age and gender:⁶,⁷

- Boys: 72% | Girls: 63%

- Ages: 48% (5-11) | 93% (12-18)

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrollment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrollment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 90% Received healthcare
- 10% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded (51%)
- Specific medicine, treatment, service unavailable (47%)
- Did not receive correct medications (37%)

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 76% Fixed or mobile handwashing place
- 24% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:
All HHs reported having access to improved sanitation facilities⁴

- 97% of HHs reported sharing these latrines.
- On average, HHs shared latrines with other 5 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence (38%)
- People joining criminal groups (17%)
- Restrictions of movement (12%)

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

- Never walk alone after dark (6%)
- Very safe (29%)
- Fairly safe (41%)
- Bit unsafe (21%)
- Very unsafe (3%)

Psychosocial distress:

36% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 21% HHs reported that at least one of their children (3-17) showed these signs⁶

Separated Children

Of the 4% HHs who reported underage children were not living at home, 25% reported children left the household to marry

Top three most commonly reported service points for GBV:

- Majhi 66%
- Camp-in-Charge (CiC) 55%
- Don’t know 15%

Access to drinking water sources:

- Top primary sources of drinking water:
  - Deep tubewell 50%
  - Public tap/standpipe 43%
  - Piped to neighbour 5%

Access to an improved drinking water source:

- 50% of HHs reported having access to an improved drinking water source⁵

Access to healthcare:

- Of the 10% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs: consultations or drugs for acute illness (86%), consultation or drugs for chronic illness (16%), preventative consultation/check-up (12%).

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

- ≤15 minutes 61%
- 16-30 minutes 31%
- 31-60 minutes 7%
- 1-2 hours 1%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (55%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Camp 20

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 20 in Ukhiya, Cox’s Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

Number of individuals: 8,380
Number of HHs: 1,790
Average HH size (individuals): 5
Upazila: Ukhiya
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: IOM

Priority Needs

Most commonly first ranked priority need: Access to food 76%

Electricity/solar lamps/batteries 10%  
Shelter materials/upgrade 7%  

97% of HHs reported that they can afford fewer goods and services compared to last year.

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

Food 99%
Household/cooking items 37%
Shelter materials/upgrade 34%

Survey Demographics

↑ 49% Males | Females 51 ↑

3% +60 2%
18% 18-59 25%
17% 6-17 15%
11% 0-5 9%

Aid Distribution

90% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection.

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

Most commonly reported type of assistance received:

Food assistance 95%
Health assistance 65%
WASH assistance 63%

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

Reduced Coping Strategy Index (rCSI)¹

- None or Low: 33%
- Medium: 54%
- High: 13%

Livelihoods-based Coping Strategies (LCS)²³

| Emergency | 7% |
| Crisis    | 36% |
| Stress    | 47% |
| None      | 10% |

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

- Borrowed money to meet essential needs: 82%
- Bought food on credit or borrow food: 73%
- Reduce essential non-food expenditures: 33%

Livelihoods and Skills Development

Median HH Income and Expenditure (month prior data collection)

- Income: 2,500 BDT (23 USD)³
- Other cash inflows: 6,020 BDT (55 USD)³
- Expenditure: 6,944 BDT (64 USD)³

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

- Humanitarian assistance: 98%
- Loans, support from family/friends: 56%
- Casual or daily labour (excl. CFW): 44%

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

- Food: 75%
- Health: 18%
- Transportation: 2%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:⁴

- Leaks during rain: 44%
- Damage to walls: 36%
- Minor damage to roof: 33%

41% of HHs reported having improved their shelter in the 12 months prior to data collection

53% of HHs reported not living in a functional domestic space⁵

Education

Reported regular school attendance by age and gender:⁶⁷

- Boys: 71%
- Girls: 51%

51% 12 - 18
86% 5 - 11

43% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 92% Received healthcare
- 8% Didn’t receive healthcare

72% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:

- Long waiting time for the service/overcrowded 56%
- Specific medicine, treatment, service unavailable 35%
- None 27%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 78% Fixed or mobile handwashing place
- 21% No handwashing place
- 1% No permission to observe facilities

Access to sanitation facilities:

- All HHs reported having access to **improved sanitation facilities**

96% of HHs reported sharing these latrines. On average, HHs shared latrines with other **6 HHs**

Protection

Top three most commonly reported protection risks:

- Crime and violence 50%
- People joining criminal groups 24%
- Restrictions of movement 13%

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

- Never walk alone after dark 8%
- Very safe 28%
- Fairly safe 33%
- Bit unsafe 20%
- Very unsafe 11%

Psychosocial distress:

24% of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which 45% HHs reported that at least one of their children (3-17) showed these signs

Separated Children

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

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC) 66%
- Majhi 57%
- Health facilities 8%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (40%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment:
Camp 20 Extension

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 20 Extension in Ukhiya, Cox's Bazar district. Primary data was collected through 102 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

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<th>Sector</th>
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<td>Livelihoods</td>
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<td>74%</td>
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<td>49%</td>
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</tbody>
</table>

Aid Distribution

91% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

25% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Survey Demographics

49% Males | Females 51%

4% +60 1%
18% 18-59 24%
18% 6-17 14%
10% 0-5 12%

Priority Needs

Most commonly first ranked priority need:

Access to food 80%
Shelter materials/upgrade 5%
Electricity/solar lamps/batteries 5%

86% of HHs reported that they can afford fewer goods and services compared to last year

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

Food 92%
Shelter materials/upgrade 52%
Health services/medicine 43%

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

Median HH Income and Expenditure (month prior data collection)

Income: 3,600 BDT (33 USD)
Other cash inflows: 6,180 BDT (57 USD)
Expenditure: 8,325 BDT (76 USD)

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

- Humanitarian assistance: 89%
- Casual or daily labour (excl. CFW): 46%
- Loans, support from family/friends: 44%

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

- Food: 79%
- Health: 12%
- Transportation: 3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported NFI needs:
- Mosquito nets: 73%
- Blankets: 70%
- Kitchen sets: 67%

Top three most commonly reported enclosure issues:
- Leaks during rain: 45%
- Minor damage to roof: 42%
- Damage to walls: 37%

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

68% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:

- 68% Boys, 61% Girls

38% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshi Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 93% Received healthcare
- 7% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded
- Specific medicine, treatment, service unavailable
- Did not receive correct medications

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 76% Fixed or mobile handwashing place
- 24% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:
All HHs reported having access to improved sanitation facilities⁴:

- 99% of HHs reported sharing these latrines.
- On average, HHs shared latrines with other 6 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence: 37%
- People joining criminal groups: 12%
- Restrictions of movement: 10%

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

- Never walk alone after dark: 4%
- Very safe: 28%
- Fairly safe: 44%
- Bit unsafe: 16%
- Very unsafe: 8%

Psychosocial distress:

- 40% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 7% HHs reported that at least one of their children (3-17) showed these signs⁶

Separated Children:
Of the 2% HHs who reported underage children were not living at home, 50% reported children left the household to marry

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC): 70%
- Majhi: 50%
- Women centres: 28%

Access to sanitation facilities:
All HHs reported having access to improved sanitation facilities:

- 93% of HHs reported facing barriers to access healthcare
- 76% reported facing barriers to access healthcare

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

- ≤15 minutes: 68%
- 16-30 minutes: 30%
- 31-60 minutes: 2%
- 1-2 hours: 0%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (55%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; extreme anxiety or anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
<th>Scale 2</th>
<th>Scale 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>55%</td>
<td>25%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td>15%</td>
<td>0%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Livelihoods</td>
<td>59%</td>
<td>22%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>37%</td>
<td>3%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>44%</td>
<td>27%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>71%</td>
<td>11%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>50%</td>
<td>37%</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

Survey Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>49%</td>
</tr>
<tr>
<td>Females</td>
<td>51%</td>
</tr>
</tbody>
</table>

Aid Distribution

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

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

Youth Framework

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

<table>
<thead>
<tr>
<th>Needs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>98%</td>
</tr>
<tr>
<td>Shelter materials/upgrade</td>
<td>59%</td>
</tr>
<tr>
<td>Household/cooking items</td>
<td>46%</td>
</tr>
</tbody>
</table>

Most commonly reported type of assistance received:

- Food assistance: 94%
- WASH assistance: 63%
- Health assistance: 62%

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

Reduced Coping Strategy Index (rCSI)\(^1\)

- None or Low: 26%
- Medium: 70%
- High: 4%

Livelihoods-based Coping Strategies (LCS)\(^2,3\)

- Emergency: 7%
- Crisis: 34%
- Stress: 44%
- None: 15%

The most commonly reported coping strategies were found to be:

- Bought food on credit or borrow food: 72%
- Borrowed money to meet essential needs: 68%
- Reduce essential non-food expenditures: 31%

SHELTER & CAMP COORDINATION AND CAMP MANAGEMENT (SCCCM)

Top three most commonly reported enclosure issues:

- Leaks during rain: 37%
- Minor damage to roof: 31%
- Damage to walls: 31%

69% of HHs reported having improved their shelter in the 12 months prior to data collection.

49% of HHs reported not living in a functional domestic space\(^4\)

Top three most commonly reported NFI needs:

- Mosquito nets: 63%
- Kitchen sets: 47%
- Blankets: 38%

EDUCATION

Reported regular school attendance by age and gender:

- Boys: 62%
- Girls: 52%

44%: 12 - 18
84%: 5 - 11
25%: 19 - 24
84%: 25 - 34

32% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflows: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- 81% Received healthcare
- 19% Didn’t receive healthcare

69% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:

- Specific medicine, treatment, service unavailable 47%
- Did not receive correct medications 47%
- Long waiting time for the service/overcrowded 37%

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

Of the 19% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:12

- Consultation or drugs for acute illness 80%
- Consultation or drugs for chronic illness 16%
- Preventative consultation / check-up 12%

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

- ≤15 minutes 71%
- 16-30 minutes 29%
- 31-60 minutes 0%
- 1-2 hours 0%

**Water, Sanitation and Hygiene (WASH)**

Access to functioning handwashing facilities:4

- 77% Fixed or mobile handwashing place
- 22% No handwashing place
- 1% No permission to observe facilities

Access to sanitation facilities:

- All HHs reported having access to improved sanitation facilities4
- 97% of HHs reported sharing these latrines.
- On average, HHs shared latrines with other 9 HHs

Access to an improved drinking water source:

- 62% of HHs reported having access to an improved drinking water source5

**Protection**

Top three most commonly reported protection risks:6

- Crime and violence 47%
- People joining criminal groups 23%
- Problems caused by environmental degradation 13%

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

- Never walk alone after dark 5%
- Very safe 17%
- Fairly safe 41%
- Bit unsafe 19%
- Very unsafe 18%

Psychosocial distress:

- 39% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 6% HHs reported that at least one of their children (3-17) showed these signs8

Separated Children

- Of the 6% HHs who reported underage children were not living at home, 17% reported children left the household to marry

Top three most commonly reported service points for GBV:9

- Camp-in-Charge (CiC) 52%
- Refugee leader 28%
- Legal aid service providers 22%

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1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (40%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Camp 21

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 21 in Teknaf, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

Number of individuals: 16,557
Number of HHs: 3,649
Average HH size (individuals): 5
Upazila: Teknaf
Year opened: 2017
Site Management Agency: UNHCR
Supporting Agency: AAB

Priority Needs

Most commonly first ranked priority need:
Access to food 76%
Shelter materials/upgrade 13%
Electricity/solar lamps/batteries 6%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
Food 87%
Shelter materials/upgrade 60%
Household/cooking items 32%

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of households with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>50%</td>
</tr>
<tr>
<td>Food Security</td>
<td>5%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>59%</td>
</tr>
<tr>
<td>Health</td>
<td>29%</td>
</tr>
<tr>
<td>Protection</td>
<td>21%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>77%</td>
</tr>
<tr>
<td>WASH</td>
<td>48%</td>
</tr>
</tbody>
</table>

Survey Demographics

48% Males | Females 52%

2% +60 | 2%
20% 18-59 | 24%
15% 6-17 | 16%
9% 0-5 | 10%

86% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

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

Most commonly reported type of assistance received:

- Food assistance 92%
- NFI assistance 69%
- Health assistance 66%

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

Median HH Income and Expenditure (month prior data collection)

- **Income:**
  - 3,825 BDT (35 USD)
  - 6,020 BDT (55 USD)
  - 7,740 BDT (71 USD)

- **Expenditure:**
  - 95%
  - 44%
  - 40%

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

- Humanitarian assistance: 95%
- Casual or daily labour (excl. CFW): 44%
- Loans, support from family/friends: 40%

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

- Food: 77%
- Health: 15%
- Transportation: 3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:

- Damage to walls: 46%
- Leaks during rain: 45%
- Minor damage to roof: 33%

53% of HHs reported having improved their shelter in the 12 months prior to data collection.

62% of HHs reported not living in a functional domestic space.

Education

Reported regular school attendance by age and gender:

- **Boys:**
  - 72% (5-11)
  - 60% (12-18)

- **Girls:**
  - 59% (5-11)
  - 56% (12-18)

51% of children aged 4 were reportedly receiving early childhood education.

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihood-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshi Takas (BDT) for 1 USD in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 91% Received healthcare
- 9% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded: 57%
- Specific medicine, treatment, service unavailable: 34%
- Did not receive correct medications: 29%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 64% Fixed or mobile handwashing place
- 36% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities⁴

96% of HHs reported sharing these latrines. On average, HHs shared latrines with other 8 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence: 25%
- People joining criminal groups: 14%
- Restrictions of movement: 11%

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

- Never walk alone after dark: 1%
- Very safe: 31%
- Fairly safe: 52%
- Bit unsafe: 13%
- Very unsafe: 3%

Access to functioning handwashing facilities: 3
Never walk alone after dark
Very safe
Fairly safe
Bit unsafe
Very unsafe

Consultation or drugs for acute illness: 86%
Consultation or drugs for chronic illness: 23%
MHPSS services: 5%

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

- ≤15 minutes: 35%
- 16-30 minutes: 52%
- 31-60 minutes: 12%
- 1-2 hours: 1%

Top primary sources of drinking water:

- Public tap/standpipe: 62%
- Deep tubewell: 32%
- Piped into dwelling: 3%

Access to an improved drinking water source:

66% of HHs reported having access to an improved drinking water source³

Psychosocial distress:

32% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 10% HHs reported that at least one of their children (3-17) showed these signs⁹

Separated Children

Of the 5% HHs who reported underage children were not living at home, 20% reported children left the household to marry

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC): 53%
- Majhi: 44%
- Legal aid service providers: 20%

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

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 22 in Teknaf, Cox’s Bazar district. Primary data was collected through 102 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

Number of individuals: 23,362
Number of HHs: 4,487
Average HH size (individuals): 6
Upazila: Teknaf
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: IOM

Priority Needs

Most commonly first ranked priority need:
Access to food 86%
Shelter materials/upgrade 5%
Electricity/solar lamps/batteries 3%

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

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:
Food 92%
Health services/medicine 41%
Shelter materials/upgrade 40%

Survey Demographics

50% Males | Females 50%
3% +60 2%
19% 18-59 22%
18% 6-17 17%
10% 0-5 9%

Aid Distribution

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

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

Most commonly reported type of assistance received:
Food assistance 95%
WASH assistance 75%
Health assistance 67%

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

Median HH Income and Expenditure (month prior data collection)

Income:
- 2,750 BDT (25 USD)³
- 7,770 BDT (71 USD)³
- 8,200 BDT (75 USD)³

Other cash inflows:

Expenditure:

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

- Humanitarian assistance: 98%
- Casual or daily labour (excl. CFW): 57%
- Loans, support from family/friends: 55%

Main monthly HH expenditures in the 30 days prior to data collection:
- Food: 78%
- Health: 14%
- Transportation: 3%

60% of HHs reported not having any income/livelihoods opportunities nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:

- None: 44%
- Damage to floors: 27%
- Damage to walls: 27%

81% of HHs reported having improved their shelter in the 12 months prior to data collection

45% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:

- 69% Boys | 52% Girls

48% 12 - 18

82% 5 - 11

72% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihood-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshi Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 90% Received healthcare
- 10% Didn’t receive healthcare

67% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:

- Long waiting time for the service/overcrowded: 44%
- Specific medicine, treatment, service unavailable: 41%
- None: 33%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 81% Fixed or mobile handwashing place
- 19% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities.

93% of HHs reported sharing these latrines.

On average, HHs shared latrines with other 6 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence: 23%
- Restrictions of movement: 20%
- Harassment in checkpoints or in streets: 18%

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

- Never walk alone after dark: 6%
- Very safe: 39%
- Fairly safe: 40%
- Bit unsafe: 10%
- Very unsafe: 5%

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities.

4% of HHs reported sharing these latrines.

On average, HHs shared latrines with other 6 HHs.

Psychosocial distress:

40% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 29% HHs reported that at least one of their children (3-17) showed these signs.

Separated Children

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

Access to an improved drinking water source:

94% of HHs reported having access to an improved drinking water source.

Access to healthcare:

Of the 10% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs. Consultation or drugs for acute illness: 95%.

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/standpipe into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (62%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Camp 24

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 24 in Teknaf, Cox's Bazar district. Primary data was collected through 101 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps

<table>
<thead>
<tr>
<th>Sector</th>
<th>Scale 4 or 4+</th>
<th>Scale 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Food Security</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>60%</td>
<td>24%</td>
</tr>
<tr>
<td>Health</td>
<td>32%</td>
<td>3%</td>
</tr>
<tr>
<td>Protection</td>
<td>50%</td>
<td>27%</td>
</tr>
<tr>
<td>Shelter and NFIs</td>
<td>62%</td>
<td>9%</td>
</tr>
<tr>
<td>WASH</td>
<td>28%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Survey Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>46% Males</th>
<th>Females 54%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+60</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>18-59</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>6-17</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>0-5</td>
<td>9%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Aid Distribution

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

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

Priority Needs

Most commonly first ranked priority need:

- Access to food: 80%
- Electricity/solar lamps/batteries: 6%
- Shelter materials/upgrade: 3%

95% of HHs reported that they can afford fewer goods and services compared to last year.

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

- Food: 90%
- Shelter materials/upgrade: 45%
- Health services/medicine: 41%

Camp Overview

Number of individuals: 26,517
Number of HHs: 5,613
Average HH size (individuals): 6
Upazila: Teknaf
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: IOM

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

Median HH Income and Expenditure (month prior data collection)

Income: 4,000 BDT (37 USD)
Other cash inflows: 6,720 BDT (62 USD)
Expenditure: 8,650 BDT (79 USD)

Top three most commonly reported HH income and cash inflow sources in the 30 days prior to data collection:
- Humanitarian assistance: 91%
- Casual or daily labour (excl. CFW): 59%
- Loans, support from community members: 43%

Main monthly HH expenditures in the 30 days prior to data collection:
- Food: 77%
- Health: 12%
- Rent: 3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported NFI needs:
- Mosquito nets: 74%
- Kitchen sets: 62%
- Blankets: 58%

Top three most commonly reported enclosure issues:
- None: 43%
- Leaks during rain: 32%
- Damage to walls: 27%

80% of HHs reported having improved their shelter in the 12 months prior to data collection

50% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:
- Boys: 56%
- Girls: 45%

24% of children aged 4 were reportedly receiving early childhood education

Food Security

Reduced Coping Strategy Index (rCSI)

- None or Low: 25%
- Medium: 63%
- High: 12%

Livelihoods-based Coping Strategies (LCS)

Emergency: 7%
Crisis: 35%
Stress: 51%
None: 7%

The most commonly reported coping strategies were found to be:
- Bought food on credit or borrow food: 77%
- Borrowed money to meet essential needs: 76%
- Reduce essential non-food expenditures: 33%

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricty without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 87% Received healthcare
- 13% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded 57%
- Specific medicine, treatment, service unavailable 50%
- Did not receive correct medications 34%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 68% Fixed or mobile handwashing place
- 32% No handwashing place
- 0% No permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities4 of HHs reported sharing these latrines.

On average, HHs shared latrines with other 7 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence 63%
- People joining criminal groups 29%
- Restrictions of movement 22%

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

- Never walk alone after dark 3%
- Very safe 8%
- Fairly safe 42%
- Bit unsafe 23%
- Very unsafe 24%

Psychosocial distress:

39% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 18% HHs reported that at least one of their children (3-17) showed these signs8

Separated Children

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

Top three most commonly reported service points for GBV:

- Camp-in-Charge (CiC) 65%
- Majhi 49%
- Women centres 14%

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

- ≤15 minutes 71%
- 16-30 minutes 28%
- 31-60 minutes 1%
- 1-2 hours 0%

Access to an improved drinking water source:

97% of HHs reported having access to an improved drinking water source5

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

- Long waiting time for the service/overcrowded 57%
- Specific medicine, treatment, service unavailable 50%
- Did not receive correct medications 34%

*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.
Joint Multi Sectoral Needs Assessment: Camp 25

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 25 in Teknaf, Cox's Bazar district. Primary data was collected through 100 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

Camp Overview

Number of individuals: 9,135
Number of HHs: 1,831
Average HH size (individuals): 5
Upazila: Teknaf
Year opened: 2017
Site Management Agency: IOM
Supporting Agency: IOM

Survey Demographics

47% Males | Females 53%

- 2% +60 | 3%
- 19% 18-59 | 22%
- 18% 6-17 | 21%
- 8% 0-5 | 7%

Aid Distribution

88% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection. 5% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient.

Priority Needs

Most commonly first ranked priority need:

Access to food | 89%
Electricity/solar lamps/batteries | 4%
Access to income-generating activities/employment | 3%

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

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

- Food | 94%
- Shelter materials/upgrade | 46%
- Health services/medicine | 41%

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps

<table>
<thead>
<tr>
<th>Sector</th>
<th>Scale 3</th>
<th>Scale 4 or 4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>19%</td>
<td>35%</td>
</tr>
<tr>
<td>Food Security</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>22%</td>
<td>34%</td>
</tr>
<tr>
<td>Health</td>
<td>5%</td>
<td>26%</td>
</tr>
<tr>
<td>Protection</td>
<td>25%</td>
<td>27%</td>
</tr>
<tr>
<td>Shelter and NFI</td>
<td>11%</td>
<td>52%</td>
</tr>
<tr>
<td>WASH</td>
<td>12%</td>
<td>21%</td>
</tr>
</tbody>
</table>

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

Median HH Income and Expenditure (month prior to data collection)

- **Income:**
  - **4,000 BDT (37 USD)**
  - **6,980 BDT (64 USD)**
- **Expenditure:**
  - **8,200 BDT (75 USD)**

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

- **Humanitarian assistance:** 96%
- **Casual or daily labour (excl. CFW):** 58%
- **Loans, support from family/friends:** 49%

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

- **Food:** 72%
- **Health:** 14%
- **Rent:** 4%

37% of HHs reported not having any income/livelihoods opportunities nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:

- **None:** 39%
- **Leaks during rain:** 33%
- **Damage to floors:** 32%

Top three most commonly reported NFI needs:

- **Mosquito nets:** 67%
- **Blankets:** 63%
- **Batteries:** 61%

Education

Reported regular school attendance by age and gender:

- **76% Boys | Girls 65%**

76% of children aged 4 were reportedly receiving early childhood education

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.

2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.

4. Respondents could select multiple options. Findings may therefore exceed 100%.

5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.

6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources/loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.

7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.

8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.

9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 92% Received healthcare
- 8% Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded 55%
- Specific medicine, treatment, service unavailable 50%
- Did not receive correct medications 43%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 84% Fixed or mobile handwashing place
- 16% No handwashing place
- 0% No permission to observe facilities

Top primary sources of drinking water:

- Public tap/standpipe 73%
- Deep tubewell 11%
- Piped into dwelling 9%

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities, with 93% of HHs reported sharing these latrines.

On average, HHs shared latrines with other 8 HHs

Access to an improved drinking water source:

89% of HHs reported having access to an improved drinking water source

Protection

Top three most commonly reported protection risks:

- Crime and violence 52%
- People joining criminal groups 32%
- Restrictions of movement 18%

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

- Never walk alone after dark 5%
- Very safe 17%
- Fairly safe 32%
- Bit unsafe 27%
- Very unsafe 19%

Psychosocial distress:

52% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 18% HHs reported that at least one of their children (3-17) showed these signs

Separated Children

Of the 3% HHs who reported underage children were not living at home, 100% reported children left the household to marry

Top three most commonly reported service points for GBV:

- Majhi 67%
- Camp-in-Charge (CiC) 59%
- Health facilities 15%
Joint Multi Sectoral Needs Assessment: Camp 26

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 26 in Teknaf, Cox’s Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Distribution of HHs reported receiving humanitarian assistance in the 12 months prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>84%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aid Distribution of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>23%</td>
</tr>
</tbody>
</table>

Survey Demographics

| 48% Males | Females 52% |
| --- |
| 3% | +60 3% |
| 18% | 18-59 23% |
| 17% | 6-17 18% |
| 10% | 0-5 8% |

Most commonly reported type of assistance received:

<table>
<thead>
<tr>
<th>Food assistance 93%</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH assistance 56%</td>
</tr>
<tr>
<td>Health assistance 56%</td>
</tr>
</tbody>
</table>

Priority Needs

Most commonly first ranked priority need:

Access to food 69%
Shelter materials/upgrade 13%
Electricity/solar lamps/batteries 9%

93% of HHs reported that they can afford fewer goods and services compared to last year.

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

Food 90%
Shelter materials/upgrade 53%
Household/cooking items 43%

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

**Median HH Income and Expenditure (month prior data collection)**

- **Income:**
  - 2,500 BDT (23 USD)$^5$
  - 6,350 BDT (58 USD)$^5$
  - 8,250 BDT (76 USD)$^5$

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

- Humanitarian assistance: 87%
- Casual or daily labour (excl. CFW): 54%
- Loans, support from family/friends: 50%

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

- Food: 70%
- Health: 19%
- Transportation: 3%

55% of HHs reported not having any income/livelihood opportunities nearby

### Shelter & Camp Coordination and Camp Management (SCCCM)

**Top three most commonly reported enclosure issues:**

- Minor damage to roof: 46%
- Leaks during rain: 45%
- Damage to walls: 44%

51% of HHs reported having improved their shelter in the 12 months prior to data collection

56% of HHs reported not living in a functional domestic space

### Education

**Reported regular school attendance by age and gender:**

- 62% Boys | Girls 57%
- 49% 12 - 18
- 74% 5 - 11
- 18% 18
- 87%

43% of children aged 4 were reportedly receiving early childhood education

---

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the [Education Sector Dashboard](#) compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
**Health**

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

- **87%** Received healthcare
- **13%** Didn’t receive healthcare

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

- Long waiting time for the service/overcrowded: 40%
- None: 36%
- Specific medicine, treatment, service unavailable: 34%

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

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

- Consultation or drugs for acute illness: 72%
- Preventative consultation / check-up: 31%
- Consultation or drugs for chronic illness: 15%

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

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

**Water, Sanitation and Hygiene (WASH)**

Access to functioning handwashing facilities:3

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

Access to sanitation facilities: All HHs reported having access to improved sanitation facilities4

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

Access to an improved drinking water source: 88% of HHs reported having access to an improved drinking water source5

**Protection**

Top three most commonly reported protection risks:6

- Crime and violence: 58%
- People joining criminal groups: 25%
- Problems created by lack of services: 15%

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

- Never walk alone after dark: 3%
- Very safe: 20%
- Fairly safe: 35%
- Bit unsafe: 27%
- Very unsafe: 15%

Psychosocial distress: 38% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 29% HHs reported that at least one of their children (3-17) showed these signs8

Separated Children

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

Top three most commonly reported service points for GBV:9

- Majhi: 62%
- Camp-in-Charge (CiC): 45%
- Health facilities: 19%

---

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

Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 27 in Teknaf, Cox's Bazar district. Primary data was collected through 100 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of households with sectoral living standard gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>59%</td>
</tr>
<tr>
<td>Food Security</td>
<td>7%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>58%</td>
</tr>
<tr>
<td>Health</td>
<td>33%</td>
</tr>
<tr>
<td>Protection</td>
<td>22%</td>
</tr>
<tr>
<td>Shelter and NFI's</td>
<td>69%</td>
</tr>
<tr>
<td>WASH</td>
<td>49%</td>
</tr>
</tbody>
</table>

Aid Distribution

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

12% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Survey Demographics

51% Males | Females 49%

- 3% +60 1%
- 21% 18-59 24%
- 17% 6-17 15%
- 10% 0-5 9%

Priority Needs

Most commonly first ranked priority need:

Access to food 66%
Shelter materials/upgrade 15%
Electrical/solar lamps/batteries 9%

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

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

Food 99%
Shelter materials/upgrade 55%
Household/cooking items 49%

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

Reduced Coping Strategy Index (rCSI)

- None or Low: 22%
- Medium: 63%
- High: 15%

Livelihoods-based Coping Strategies (LCS)

- Emergency: 9%
- Crisis: 32%
- Stress: 48%
- None: 11%

The most commonly reported coping strategies were found to be:

- Bought food on credit or borrow food: 77%
- Borrowed money to meet essential needs: 75%
- Reduce essential non-food expenditures: 30%

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:

- Leaks during rain: 45%
- Minor damage to roof: 42%
- Damage to floors: 34%

59% of HHs reported having improved their shelter in the 12 months prior to data collection

70% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:

- 66% Boys | Girls 62%
- 44% 12 - 18
- 82% 5 - 11

55% of children aged 4 were reportedly receiving early childhood education

Livelihoods and Skills Development

Median HH Income and Expenditure (month prior data collection)

- Income: 2,750 BDT (25 USD)
- Other cash inflows: 6,560 BDT (60 USD)
- Expenditure: 8,525 BDT (78 USD)

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

- Humanitarian assistance: 96%
- Casual or daily labour (excl. CFW): 51%
- Loans, support from family/friends: 47%

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

- Food: 71%
- Health: 11%
- Rent: 4%

55% of HHs reported not having any income/livelihoods opportunities nearby

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 87% Received healthcare
- 13% Didn’t receive healthcare

62% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:

- Long waiting time for the service/overcrowded 43%
- None 38%
- Specific medicine, treatment, service unavailable 31%

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 77% Fixed or mobile handwashing place
- 21% No handwashing place
- 2% No permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities of HHs reported sharing these latrines.

- 90% of HHs reported sharing these latrines.
  On average, HHs shared latrines with other 7 HHs

Protection

Top three most commonly reported protection risks:

- Crime and violence 36%
- Restrictions of movement 19%
- Harassment in checkpoints or in streets 13%

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

- Never walk alone after dark 4%
- Very safe 33%
- Fairly safe 45%
- Bit unsafe 17%
- Very unsafe 1%

Psychosocial distress:

43% of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 26% HHs reported that at least one of their children (3-17) showed these signs.

Separated Children

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

Top three most commonly reported service points for GBV:

- Majhi 65%
- Camp-in-Charge (CiC) 62%
- Health facilities 23%

1. Respondents could select multiple options except when selecting “None”. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting “No issues” (51%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.
Joint Multi Sectoral Needs Assessment: Nayapara RC

Introduction

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

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

Camp Overview

Number of individuals: 23,307
Number of HHs: 4,256
Average HH size (individuals): 6
Upazila: Teknaf
Year opened: 1991
Site Management Agency: UNHCR
Supporting Agency: AAB

Priority Needs

Most commonly first ranked priority need: Access to food 80%
Shelter materials/upgrade 7%
Electricity/solar lamps/batteries 5%

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

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

- Food 96%
- Household/cooking items 51%
- Hygiene items 36%

Survey Demographics

49% Males | Females 51%
3% +60 | 2% 0%
22% 18-59 | 28% 15%
17% 6-17 | 15% 6%
7% 0-5 | 6%

Aid Distribution

81% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection
25% of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:

- Food assistance 94%
- WASH assistance 76%
- Health assistance 64%

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

Median HH Income and Expenditure (month prior data collection)

- **Income:**
  - 5,000 BDT (46 USD)
  - 7,620 BDT (70 USD)
  - 10,400 BDT (95 USD)

- **Expenditure:**
  - 95%
  - 47%
  - 47%

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

- Humanitarian assistance: 95%
- Casual or daily labour (excl. CFW): 47%
- Loans, support from family/friends: 47%

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

- Food: 70%
- Health: 15%
- Transportation: 5%

50% of HHs reported not having any income/livelihoods opportunities nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:
- Damage to walls: 37%
- Leaks during rain: 37%
- None: 35%

69% of HHs reported having improved their shelter in the 12 months prior to data collection

50% of HHs reported not living in a functional domestic space

Education

Reported regular school attendance by age and gender:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11</td>
<td>12-18</td>
<td>15%</td>
</tr>
<tr>
<td>15%</td>
<td>62%</td>
<td></td>
</tr>
</tbody>
</table>

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

Food Security

Reduced Coping Strategy Index (rCSI)

- None or Low: 36%
- Medium: 57%
- High: 7%

Livelihoods-based Coping Strategies (LCS)

- Emergency: 12%
- Crisis: 39%
- Stress: 45%
- None: 4%

The most commonly reported coping strategies were found to be:

- Bought food on credit or borrow food: 84%
- Borrowed money to meet essential needs: 83%
- Reduce essential non-food expenditures: 36%

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use electricity without issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
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9. Definition of regularly: 4 days out of 5 or 80% of attendance.
Health

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

- 81% received healthcare
- 19% didn’t receive healthcare

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

- Specific medicine, treatment, service unavailable 50%
- Long waiting time for the service/overcrowded 45%
- Did not receive correct medications 42%

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

- ≤15 minutes 65%
- 16-30 minutes 32%
- 31-60 minutes 2%
- 1-2 hours 1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:

- 62% Fixed or mobile handwashing place
- 36% No handwashing place
- 2% No permission to observe facilities

Access to sanitation facilities:

All HHs reported having access to improved sanitation facilities of HHs reported sharing these latrines.

- 97% of HHs shared latrines with other 7 HHs

Access to an improved drinking water source:

- 91% of HHs reported having access to an improved drinking water source

Protection

Top three most commonly reported protection risks:

- Crime and violence 76%
- People joining criminal groups 40%
- Drugs, alcohol abuse or consumption 20%

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

- Never walk alone after dark 3%
- Very safe 3%
- Fairly safe 24%
- Bit unsafe 33%
- Very unsafe 37%

Of the 19% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:

- Consultation or drugs for acute illness 52%
- Preventative consultation / check-up 48%
- Consultation or drugs for chronic illness 17%

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

- ≤15 minutes 65%
- 16-30 minutes 32%
- 31-60 minutes 2%
- 1-2 hours 1%

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

- Respondents could select multiple options except when selecting "None”. Findings may therefore exceed 100%.
- Findings from very small subsets should be considered indicative only.
- Answers collected through observation when HHs gave permission to the field team to observe the handwashing facilities.
- Improved sanitation facilities are those designed to hygienically separate excreta from human contact. More information available here.
- Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- Households could select up to 3 options except when selecting "No issues” (15%). Findings may therefore exceed 100%.
- Feelings of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn’t allow for total confidentiality.
- Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- Respondents could select multiple options. Findings may therefore exceed 100%.
<table>
<thead>
<tr>
<th></th>
<th>Education</th>
<th>Food</th>
<th>WASH</th>
<th>Protection</th>
<th>SCCCM</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of children (5-18 y.o.) reportedly enrolled and attending camps' education facilities</td>
<td>% of children aged 3-4 y.o. who attended any early childhood education programme</td>
<td>% of HH with an acceptable Food Consumption Score (FCS)</td>
<td>% of HH using livelihoods coping strategies (LCS)</td>
<td>% of HH having had access to an improved drinking water source</td>
<td>% of HH with access to functioning handwashing facilities</td>
<td>% of HH reporting they feel a bit or very unsafe walking alone at night</td>
</tr>
<tr>
<td>Camp 1E</td>
<td>57%</td>
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<td>66%</td>
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<td>71%</td>
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<td><strong>% of children (6-18 y.o.) reportedly enrolled and attending camps' education facilities</strong></td>
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<td>Camp 26</td>
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<td>18%</td>
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<td>Kutupalong RC</td>
<td>57%</td>
<td>32%</td>
<td>66%</td>
<td>84%</td>
<td>38%</td>
<td>39%</td>
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<tr>
<td>Nayapara RC</td>
<td>36%</td>
<td>31%</td>
<td>66%</td>
<td>96%</td>
<td>70%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>% of children aged 3-4 y.o. who attended any early childhood education programme</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Camp 8E</td>
<td>71%</td>
<td>60%</td>
<td>53%</td>
<td>90%</td>
<td>70%</td>
<td>30%</td>
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<td>92%</td>
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<td>95%</td>
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<td>Camp 13</td>
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<td>58%</td>
<td>77%</td>
<td>93%</td>
<td>53%</td>
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</table>

UNHCR AoR

IOM AoR
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<tr>
<th>Camp</th>
<th>% of children (5-18 y.o.) reportedly enrolled and attending camps’ education facilities</th>
<th>% of children aged 3-4 y.o. who attended any early childhood education programme</th>
<th>% of HH with an acceptable Food Consumption Score (FCS)</th>
<th>% of HH using livelihoods coping strategies (LCSI)</th>
<th>% of HH having had access to an improved drinking water source</th>
<th>% of HH with access to functioning handwashing facilities</th>
<th>% of HH reporting they feel a bit or very unsafe walking alone at night</th>
<th>% of HH members with psychosocial distress</th>
<th>% of HH living in a functional domestic space</th>
<th>% of HH reporting damage/issues to their enclosure</th>
<th>% of individuals with an unmet health care need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp 14</td>
<td>62%</td>
<td>68%</td>
<td>65%</td>
<td>95%</td>
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Annex 1: Analysis of Living Standards

REACH facilitates the collection and analysis of crisis-level data across sectors and population groups through Multi-Sector Needs Assessments (MSNA) to support decision-making by humanitarian actors. MSNAs are conducted within a strong partnership framework at sector and inter-sector level. They are timed in order to inform strategic decision-making milestones along the humanitarian program cycle (HPC), such as the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

Note: The MSNA data analysis framework is completely independent from the Joint Inter-Sector Analysis Framework (JIAF). While some of the conceptual elements for the MSNA do come from the JIAF 1.1 (e.g. ‘Living Standards Gap’, indicators, severity categories), the methodology used is different. Furthermore, the JIAF is being developed through an inter-agency group and implemented primarily to produce inter-sectoral PiN (and area-level severity) using different data sources available in-country. Meanwhile, the REACH MSNA analysis method was developed internally by REACH and is implemented primarily using household-level data collected through the MSNA. In line with the research questions, the analysis aims to provide a crisis-wide overview of humanitarian needs and the underlying drivers, that influence access to basic needs and services.

The methodology relies on a two-step aggregation process:

1. Aggregation of indicators at the sector level: Construction of sectoral Living Standard Gaps (LSG).
2. Aggregation of sectoral LSGs into a multi-sectoral composite result: Multi-Sector Needs Index (MSNI).

The key analytical components are:

- **Living Standard Gap (LSG):** signifies a need in a given sector, where the LSG severity score is 3 or higher.
- **Livelihood Coping Strategies Index (LCSI):** signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Severity:** signifies the “intensity” of needs, using a scale that ranges from 1 (minimal/no gap) to 4 (extreme needs)/4+ (very extreme needs).
- **Magnitude:** corresponds to the overall number or percentage of households in need.

The Multi-Sectoral Needs Index (MSNI) is a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The different levels of severity can be broadly defined as follows:

- **Very extreme (4+):** Indications of total collapse of living standards, with potentially immediately life-threatening outcomes (increased risk of mortality and / or irreversible harm to physical or mental well-being).
- **Extreme (4):** Collapse of living standards. (Risk of) significant harm to physical or mental well-being.
- **Severe (3):** Degrading living standards, with reduced access to / availability of basic goods and services. (Risk of) degrading physical or mental well-being.
- **Stress (2):** Living standards are under stress. Minimal (risk of) impact on physical or mental well-being / stressed physical or mental well-being overall.
- **Minimal (1):** Living standards are acceptable, at a maximum showing some signs of deterioration and / or inadequate access to basic services. No or minimal (risk of) impact on physical or mental well-being

For more information, access the full methodology note via this link.