Multi-Sector Needs Assessment - Host Community
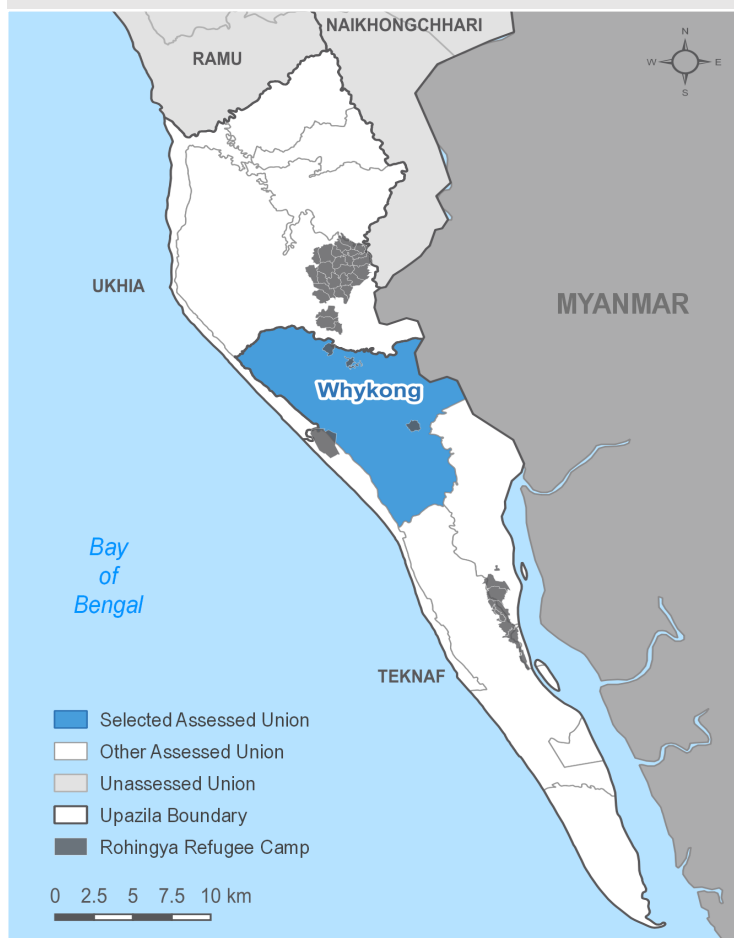## Whykong Union, Teknaf Upazila, Cox's Bazar, Bangladesh

Humanitarian Aid
and Civil Protection

Background and Methodology

Since August 2017, an estimated 728,306 Rohingya refugees have arrived in Bangladesh's Cox's Bazar district from Myanmar, bringing the total number of refugees residing in Cox's Bazar, to approximately 906,527.[1] The rapid and massive increase of the refugee population, concentrated in the south of the district in Ukhia and Teknaf, has reportedly had an substantial impact on Bangladeshi host communities' food security, economic vulnerability, market access, labour opportunities and environment.

Based on an identified data gap regarding the needs of the host community population after August 2017, a multi-sector needs assessment (MSNA) was conducted under the coordination of ISCG and facilitated by REACH, in partnership with NPM-ACAPS Analysis Hub, and Translators Without Borders in consultation with Union Nirbahi Officers (UNO).[2] The MSNA targeted the Bangladeshi host community population living in 11 unions across two Upazilas: Ukhia (5 unions) and Teknaf (6 unions). This series of factsheets (14 in total) presents the findings at the Union level (11), the Upazila level (2), and the overall level (1). This factsheet presents the findings for Whykong union. A household survey was conducted using a stratified random sample to produce results for Whykong where 262 households, that comprised of 1,468 individuals, were surveyed. The results are generalisable to 95% confidence level and 6% margin of error for Whykong. Data for this assessment was collected between 11 November - 6 December 2018. The assessment aimed for a 50-50 balance between male and female respondents.

Map

RAMU
NAIKHONGCHHARI
UKHIA
MYANMAR
Whykong
Bay of Bengal
TEKNAF

Legend:
- Selected Assessed Union
- Other Assessed Union
- Unassessed Union
- Upazila Boundary
- Rohingya Refugee Camp

0 2.5 5 7.5 10 km

Population[3]
Households - 8,867
Individuals - 50,863

Demographics

35.5 — Average age of respondent

5.6 — Average household size

60% female respondents
40% male respondents

Composition of surveyed households

	Male		60+ years		Female	
	3%		60+ years	2%		
	16%		25-59 years	15%		
	7%		18-24 years	8%		
	8%		12-17 years	7%		
	11%		5-11 years	10%		
	7%		0-4 years	6%		
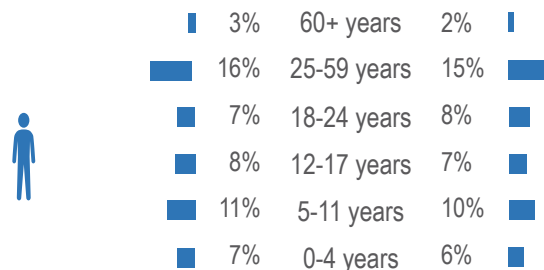
31% of households with pregnant or lactating women

55% households with at least one child under 5 years old
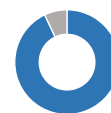
94% households with at least one child under 18 years old

18% of household heads were female

28% of households with at least one person with a disability or chronic illness

Health

93% of households with children under 5 reported all children under 5 having an immunization card

93% of households with children under 5 reported all children under 5 sleeping under a mosquito net the night prior to data collection
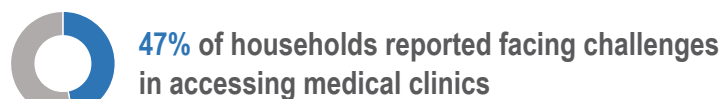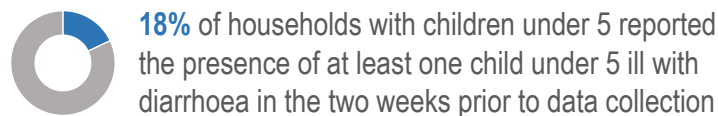
1. As reported by UNHCR in the population data and key demographical indicators (31 Dec 2018)
2. In Bangladesh the Upazila Nirbahi Officer often abbreviated UNO, is the chief executive of an Upazila (sub-district) and a mid-level officer of the Bangladesh Civil Service (Administration Cadre)
3. As reported by Bangladesh Bureau of Statistics in -"District Statistics 2011 Cox's Bazar". See link: http://www.bbs.gov.bd/site/page/2888a55d-d686-4736-bad0-54b70462afda/-

Humanitarian Aid
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18% of households with children under 5 reported the presence of at least one child under 5 ill with diarrhoea in the two weeks prior to data collection

47% of households reported facing challenges in accessing medical clinics

% of households reporting facing challenges in accessing medical clinics, by challenges[4]

Services are too far	**38%**
Services are too expensive	**25%**
Services are overcrowded	**9%**
Required treatment unavailable	**5%**

20% of households reported the presence of individuals with an illness serious enough to require medical treatment in the 30 days prior to data collection
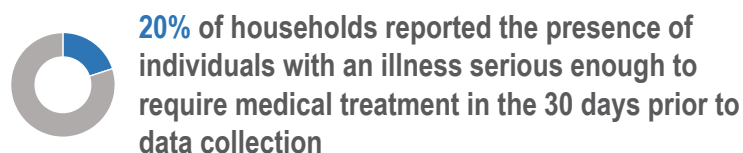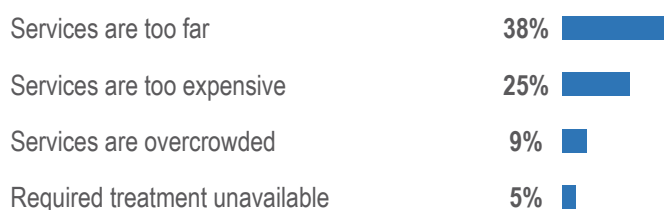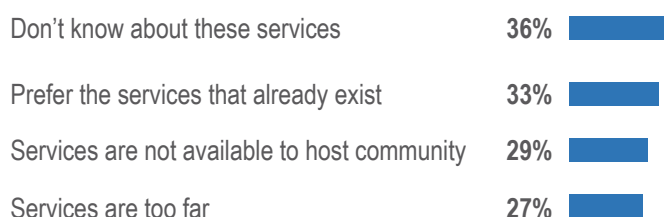
Of individuals reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection, **96%** individuals sought treatment for the illness[5]

Of individuals who sought treatment, % accessing different treatment sources[6]

Male			Female
52%	Pharmacy	❶ Pharmacy	**46%**
47%	Private clininc	❷ Private clininc	**41%**
21%	Government clinic	❸ Government clinic	**26%**

59% of households did not seek health services from facilities built in response to the Rohingya influx in 2017

Of 59% households not using facilities built for Rohingya influx, % reporting reasons for non-use[7]

|	
Don't know about these services	**36%**
Prefer the services that already exist	**33%**
Services are not available to host community	**29%**
Services are too far	**27%**

📖✏️ Education

% of individuals, by highest grade achieved

% of individuals aged 12-24 reported to have completed primary school (graduated from grade 5)

Male	Female
56%	**64%**

% of individuals aged 18-24 reported to have completed secondary school (graduated from grade 12)

Male	Female
14%	**5%**
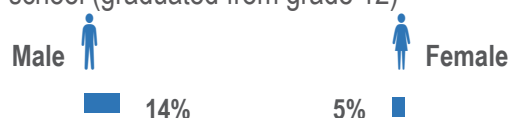
% of children and youth reported to be attending formal education during the 2018 academic year[8]

Boys		Girls
61%	5-11 yrs	61%
57%	12-17 yrs	65%
21%	18-24 yrs	21%
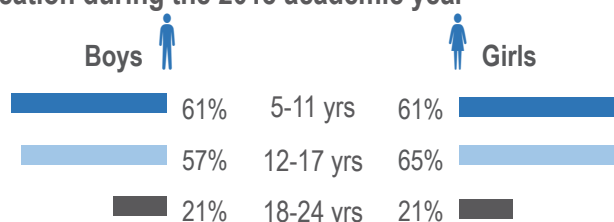
% of children and youth reported to be attending non-formal education during the 2018 academic year[9]

Boys		Girls
20%	5-11 yrs	28%
12%	12-17 yrs	4%
1%	18-24 yrs	4%

% of households reporting barriers accessing primary and secondary education for boys and girls[10]

Boys		Girls
12%	Primary	15%
17%	Secondary	16%
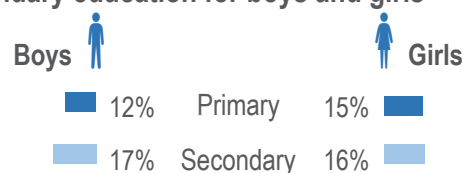
4. Four most common challenges accessing medical clinics are shown, and respondents could select more than one option.
5. Sample size male (n=139) and female (n=160)
6. Three most common treatment sources are shown.
7. Respondents could select more than one option.
8. Formal education includes government-run schools, Aliah madrassahs (madrassahs teaching government-certified curriculum), and private schools.
9. Nonformal education includes NGO schools, madrassahs other than Aliah madrassahs (and hence not government certified), and vocational training courses.
10. This question was only asked if respondent household contained boys/girls of primary (5-11) and secondary (12-17) school age.

% of households reporting barriers accessing primary and secondary education for boys and girls, by barrier[11]

	Primary		Secondary	
	Boys	*Girls*	*Boys*	*Girls*
Facilities are too far	10%	8%	7%	11%
Services are too expensive	6%	6%	11%	11%
Safety concerns at or on the way to facilities	6%	9%	6%	8%

5% of households reported receiving awareness training on child rights in the 6 months prior to data collection

4% of households reported receiving awareness training on importance of education in the 6 months prior to data collection

17% of households with children aged 5-11 reported receiving aid distribution from formal schools in the 6 months prior to data collection

12% of households with children aged 12-17 reported receiving aid distribution from formal schools in the 6 months prior to data collection

% of households reporting receiving aid distributions from formal schools in the 6 months prior to data collection, by type of distribution received[12]

Aid	Aged 5-11	Aged 12-17
Health and Hygiene/WASH kit	3%	2%
Winterization kit	2%	0%
School supply	13%	9%

🏠 Shelter & Non-Food Items

% of households by shelter type[13]
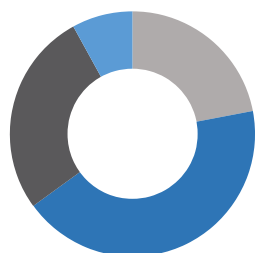
22%	**Jhuprie**
43%	**Kutcha**
27%	**Semi Pucca**
8%	**Pucca**

% of households reporting use of different fuels as their primary fuel for cooking[14]

Firewood	**84%**
LPG/gas cylinder	**13%**
Dried leaves/hay	**2%**

60% of households reported being connected to the electricity grid

Of households that reported being connected to the grid, % that reported average electricity availability per day in the 30 days prior to data collection[15]

More than 6 hours	**73%**
Less than 6 hours	**27%**

6% of households reported receiving training on how to protect their shelter from strong wind/cyclone.

6% of households reported receiving training on how to protect their shelter from flood

% of households reporting the NFIs most urgently needed for their shelter[16]

Cooking stove	**65%**
Kitchen set	**48%**
Blanket	**41%**
Solar lamp	**37%**
Protable torch	**10%**

11. Three most common education barriers are shown, and respondents could select more than one option. Sample size aged 5-11 boys (n=140) and girls (n=117) and aged 12-17 boys (n=117) and girls (n=104)
12. Respondents could select more than one option. The option of food was not included in the types of aid. Sample size for household with children aged 5-11 (n=44) and children aged 12-17 (n=48)
13. In Bangladesh, housing is classified into four categories according to structure type and the materials used:
    1) Jhuprie (temporary): are shacks made from branches, bags, tarpaulin, jute, etc.
    2) Kutcha (temporary): made of mud, bamboo, wood and corrugated iron sheets (CIS) as roofs.
    3) Semi-pucca (semi-permanent): where walls are made partially of bricks, floors are made from cement, and roofs from corrugated iron sheets.
    4) Pucca (permanent): with walls of bricks and roofs of concrete.
14. Three most common primary fuels for cooking are shown.
15. This question was only asked to the 60% of respondents who reported their households were connected to the grid.
16. Five most common items are shown, and respondents could select up to three options.

23% of households reported having a solar light

Security of tenure

% of households reporting ownership of their plot of land and/ or house

Yes, I own the land	**89%**	
No, I do not own the land	**8%**	
Land is co-owned	**3%**	
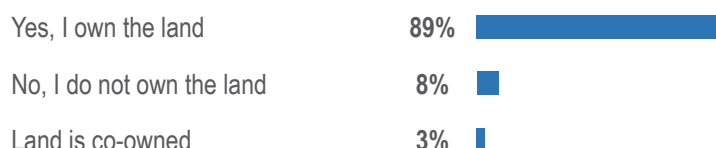
Of households who reported ownership of their plot of land or house, **60%** reported holding the deed to it

% of households who reported renting or being hosted on their plot of land or house[17]

Renting	**0%**
Hosted	**8%**

💧 WASH

💧 Water

% of households with access to improved drinking water sources

Primary drinking water sources	
✔ *Improved water sources*	*99%*
Piped water tap/ tapstand into settlement site	11%
Tubewells/borehole/handpump	83%
Protected dug well	5%
✘ *Unimproved water sources*	*1%*
Surface water (river, dam, lake, pond, stream, canal)	1%

Of households reporting access to an improved drinking water source, % that reported different levels of reliability on availability of water[18]

Always/year-round	83%	
Intermittently (predictable)	14%	
Intermittently (unpredictable)	3%	
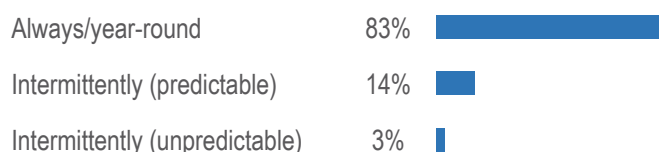
76% of households reported having enough water for drinking, cooking, washing and bathing

% of households by time required to travel in both directions and queuing at the water source

To and from water source		*At water source*
54%	10 min or less	58%
18%	15 min	16%
10%	20 min	11%
8%	25 min	5%
4%	30 min	4%
6%	> 30 min	6%
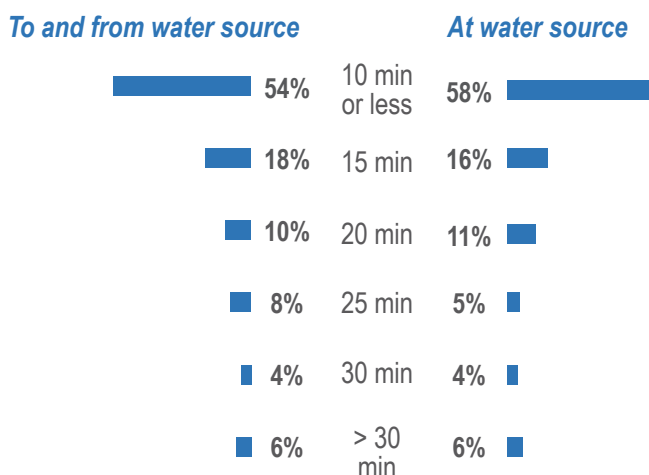
45% of households reported having problems collecting water

% of households reporting problems collecting water, by problem[19]

❶	Water source is too far	**31%**
❷	Path to water source is too steep	**18%**
❸	Water tastes bad	**9%**

13% of households reported treating water before drinking

% of households reporting use of different water treatment practices[20]

Household filters	6%
Cloth filters	5%
Aquatabs	1%

17. This question was asked to households that reported not owning land.
18. This question was asked only to the 99% respondents who reported improved sources of water as their primary water source.
19. Three most common problems of collecting water are shown, and respondents could select more than one option.
20. Three most common water treatment methods are shown, and respondent could select more than one option.

Multi-Sector Needs Assessment - Host Community
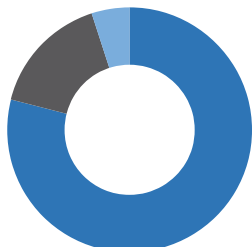## Whykong Union, Teknaf Upazila, Cox's Bazar, Bangladesh

Sanitation

% of households by reported usual defecation location

Household Latrine	**79%**
Communal Latrine	**16%**
Open defecation	**5%**

35% of households reported facing problems accessing latrines

% of households reporting problems accessing latrines, by problem[21]

1. Latrine is not clean — **14%**
2. Latrine is not private (i.e. people can see inside) — **13%**
3. Latrine is not safe — **11%**

Environmental sanitation

% of households reporting visible presence of solid waste, stagnant water or human faeces within 30 metres of their shelter during the 30 days prior to data collection[22]

Trash/ solid waste	**52%**
Stagnant water	**28%**
Human faeces	**31%**

Hygiene

59% respondents were able to name at least 3 of the 5 critical times for handwashing

% of households where respondent named different handwashing times[23]

Critical times	
Before eating	94%
After defecation	93%
Before cooking	50%
After cleaning a child's bottom	19%
Before feeding children	17%

35% of households reported women facing problems with accessing menstrual hygiene materials[24]

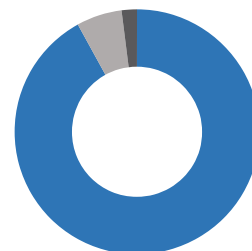% of households reporting problems accessing menstrual hygiene material, by problem[23,24]

Too expensive	**24%**
Other needs are prioritized	**21%**
Not enough available in market	**5%**
Preferred type not available	**5%**

Food Security and Livelihood

% of households reporting primary food source

Market	**92%**
Own production	6%
Other	**2%**

% of households falling into different food consumption groups based on household Food Consumption Score[25]

Acceptable	**55%**
Borderline	**34%**
Poor	**11%**

21. Three most common problems accessing latrine are shown, and respondents could select more than one option.
22. Respondents were asked about solid waste, stagnant water and human faeces in three separate questions.
23. Respondents could select more than one option.
24. Questions on menstrual hygiene management were only asked to female respondents, by female enumerators.
25. The frequency weighted diet diversity score or "Food Consumption Score" is a score calculated using the frequency of consumption of 9 different food groups consumed by a household/individual during the 7 days before data collection. Based on the score they receive, households are categorised into food consumption groups indicating different levels of dietary diversity. Bangladesh-specific thresholds were used to make these calculations. See link: https://www.wfp.org/content/coping-strategies-index-field-methods-manual-2nd-edition

Average household Coping Strategy Index (CSI) score was 11 (out of a possible 56) [26]

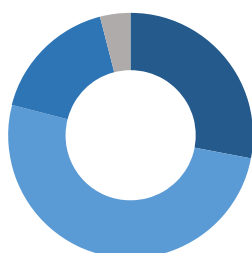% of household reporting use of different consumption based coping strategy[27]

Rely on less preferred and less expensive food	**80%**
Borrow food, or rely on help from a friend or relative	**46%**
Limit portion size at mealtimes	**41%**
Restrict consumption by adults in order for small children to eat	**33%**
Reduce number of meals eaten in a day	**29%**
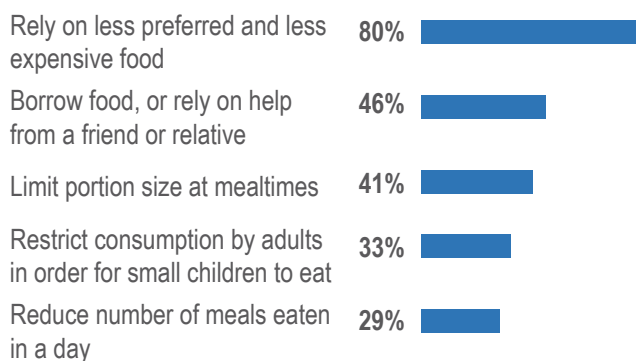
% of households reporting three main sources of income sustaining their household in the 30 days prior to data collection[28]

Skilled wage labour	**27%**
Small business	**21%**
Agricultural/fishing casual labour	**19%**
Non-agricultural casual labour	**16%**
Fishing	**16%**

% of households reporting changes in their economic status in the 12 months prior to data collection

Significantly improved	**4%**
Somewhat improved	**18%**
Not changed	**38%**
Somewhat deteriorated	**25%**
Significantly deteriorated	**15%**
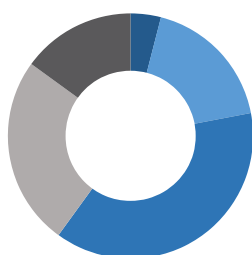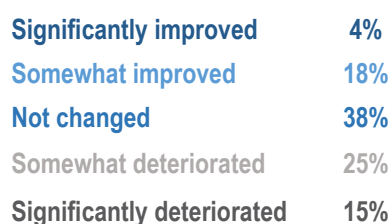
% of households reporting changes in cost of living in the 12 months prior to data collection

Significantly increased	**28%**
Somewhat increased	**51%**
Not changed	**17%**
Somewhat decreased	**4%**
Significantly decreased	**0%**

Nutrition

% of households where women of reproductive age were reported to have awareness of different sources of support for infant and young child feeding[29]

Doctors	**69%**
Older relatives	**23%**
Midwife/nurse	**13%**

Protection

38% of females aged 20-25 years were reported to have married before age 18[30]

% of households reporting the presence of community based protection mechanisms[31]

❶	None	**61%**
❷	Education	**18%**
❸	Health	**18%**

82% of households reported feeling secure in their current location.

Perceived attitudes and experiences regarding Rohingya refugees

% of households reporting different levels of interaction with Rohingya refugees

Never	**54%**
Everyday	**18%**
Once a week	**14%**
Once a month	**14%**
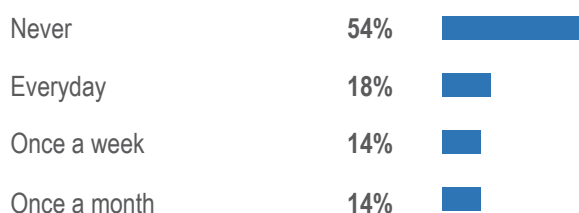
26. This assessment used the "reduced" CSI (rCSI), which measures coping behaviours in the 7 days prior to the data collection in response to inadequate food or insufficient money to buy food.
27. Respondents where asked on each coping strategy and how many day in the past 7 days did they use this strategy.
28. Five most common main sources of income are shown, and respondents could select up to three options.
29. This question was asked to female respondents, by female enumerators. Respondents could select more than one option. The results are generalisable to 95% confidence level and 10% margin of error.
30. This question was only asked for women/men between the age of 20-25, who reported to be married. Sample size male (n=41) and female (n=96)
31. Three most common responses are shown, and respondents could select more than one option. Question was framed as follows: "Are you aware of any groups or committees of community members in your location that are working on any of the following issues?"
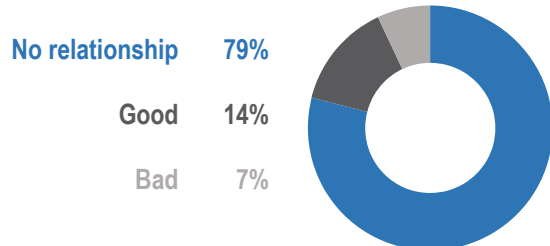
Of households who reported different levels of interaction with Rohingya refugees in the 30 days prior to data collection, % reporting different types of interaction[32]

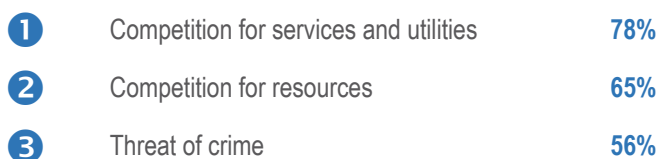**Male respondents**   **Female respondents**

35%	Casual interactions	❶	Buying goods and services	**18%**	
23%	Buying goods and services	❷	Casual interactions	**18%**	
20%	Hiring them for work	❸	Selling goods and services	**7%**	

% of households reporting types of relationships with Rohingya refugees

No relationship	**79%**
Good	**14%**
Bad	**7%**

% of households reporting attitudes towards the presence of Rohingya refugees in their communities

Very happy	**0%**
Happy	**8%**
Neither happy or unhappy	**36%**
Unhappy	**35%**
Very unhappy	**21%**
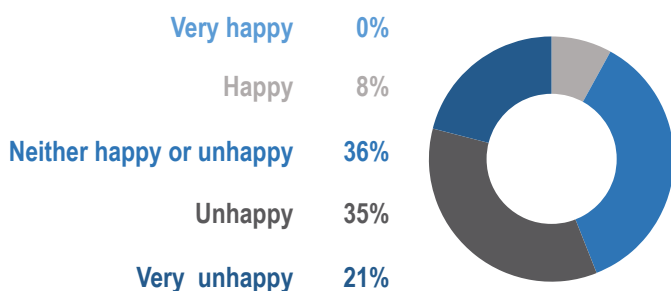
Of 56% households who reported being unhappy or very unhappy with the presence of Rohingya refugees in their communities, % who gave different reasons[33]

❶	Competition for services and utilities	**78%**
❷	Competition for resources	**65%**
❸	Threat of crime	**56%**

Child Protection

20% of households reported the presence of at-risk children[34]

Children involved in child labour	11%	
Children at risk of early marriage[35]	8%	
Separated children[36]	1%	
Unaccompanied children[36]	0%	
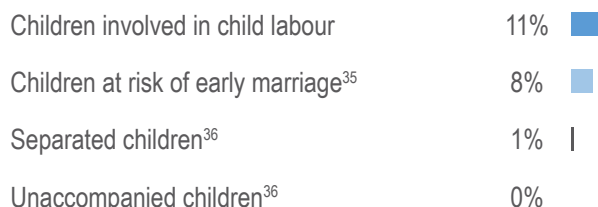
% of households reporting the presence of safety risks to boys and girls in their communities[37]

Risk for boys   **Risk for girls**

36%	Do not know	❶	Chlid marriage	**42%**	
21%	Risk of detention	❷	Risk of sexual abuse/violence	**40%**	
21%	Risk of kidnapping	❸	Risk of kidnapping	**33%**	

37% of households reported the presence of children exhibiting at least one behaviour relating to symptoms of distress in the 30 days prior to data collection[38]

% of households who report the presence of children exhibiting at least one behaviour relating to symptoms of distress in the 30 days prior to data collection, by type of behaviour[39]

❶	Headaches	**15%**
❷	Nightmares	**13%**
❸	Startle easily	**10%**
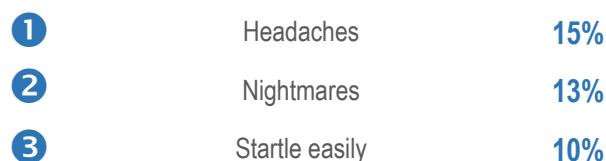
34. Households were deemed to contain at-risk children if they reported the presence of at least one child that was separated, unaccompanied, at risk of early marriage, or involved in child labour.
35. For children at risk of early marriage, respondents were asked if there was anybody in the household under the age of 18 who was married or about to get married.
36. For separated and unaccompanied children, respondents were asked if any new members under the age of 18 had joined the household in the past 6 months (excluding births and marriages), and if so what their relationship to the head of household was. If children were related to the head of the household, they were categorised as separated; if not, they were categorised as unaccompanied.
37. Three most common safety risk for boys and girls are shown, and respondents could select more than one option.
38. Respondents could select more than one option.
39. Three most common syptoms of distress are shown. There were 14 other options including "none". 63% reported none. Question was framed as follows: *"Within the past 30 days, have any children in this householdexperienced any of the following signs of distress?"*; options were read out to respondents; respondents could select more than one option.

32. Three most common interactions are shown, and respondents could select more than one option.
33. Respondents could select more than one option.
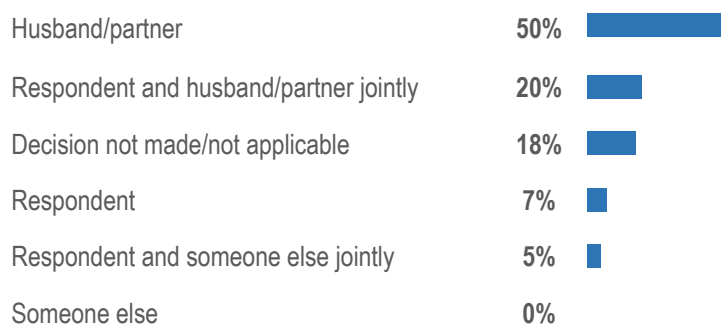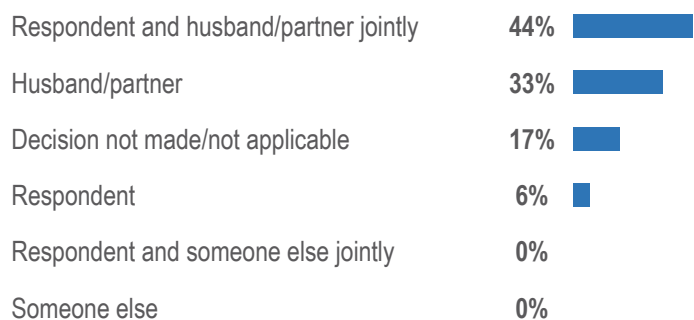
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Gender-Based Violence

% of women with final say on specified household decisions[40]

Who has a final say on whether or not you should work to earn money?

Husband/partner	**50%**
Respondent and husband/partner jointly	**20%**
Decision not made/not applicable	**18%**
Respondent	**7%**
Respondent and someone else jointly	**5%**
Someone else	**0%**

Who has the final say on whether or not to use a method to avoid having children?

Respondent and husband/partner jointly	**44%**
Husband/partner	**33%**
Decision not made/not applicable	**17%**
Respondent	**6%**
Respondent and someone else jointly	**0%**
Someone else	**0%**

% of women that reported controlling the money needed to buy specified items[40]

Items	Yes	No	Don't buy
Vegetables or fruits	52%	31%	17%
Clothes for yourself	44%	47%	9%
Any kind of medicine for yourself	40%	50%	10%
Toiletries for yourself	37%	46%	17%

Freedom of movement for women[40]

% of women who reported they are allowed to move to specified places

Market

Alone	**15%**	
Not alone	**45%**	
Never	**40%**	
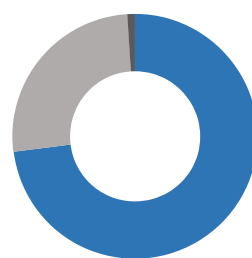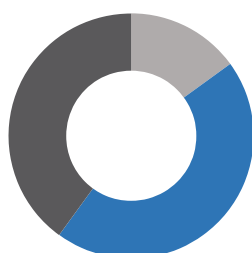
Health center

26%	Alone
73%	**Not alone**
1%	Never
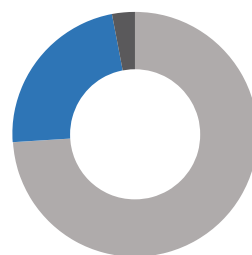
Neighbours' home

74%	Alone
23%	**Not alone**
3%	Never
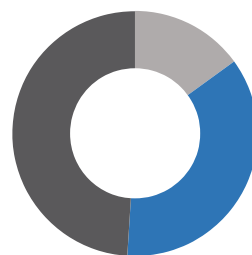
Local religious space

15%	Alone
36%	**Not alone**
49%	Never

% of men with specified attitude on gender roles in family life[41]

	Agree	Disagree	Depends
The important decisions in the family should be made only by the men of the family.	68%	26%	6%
If the wife is working outside the home, then the husband should help her with household chores.	77%	17%	6%
A married woman should be allowed to work outside the home if she wants.	10%	77%	13%
The wife has a right to express her opinion even when she disagrees with what her husband is saying.	13%	56%	31%
A wife should tolerate being beaten by her husband in order to keep the family together.	32%	60%	8%
It is better to send a son to school than it is to send a daughter.	15%	85%	0%
Women should have a say in important decisions in the community.	54%	33%	13%

40. These questions were only asked to female respondents, by female enumerators. Respondents were asked for consent prior to discussing these topics. The results are generalisable to 95% confidence level and 10% margin of error.
41. These questions were only asked to male respondents, by male enumerators. Respondents were asked for consent prior to discussing these topics. The results are generalisable to 95% confidence level and 10% margin of error.

Communication with Communities

**Early warning mechanism for cyclones**

82% of households reported receiving early warning messages prior to the arrival of Cyclone Mora in May 2017
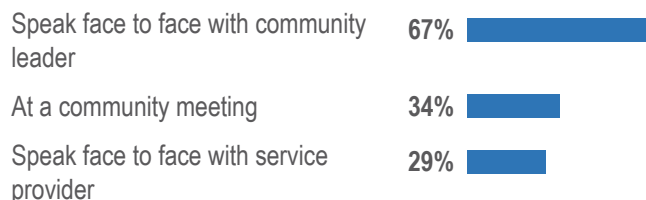
75% of households reported mosque loudspeaker as the most preferred way of receiving early warning sign in future

% of households reporting access to different means of communication/information sources in the 30 days prior to data collection[42]

Face to face conversation	**89%**
Mobile phone call	**34%**
Loudspeaker/megaphone annoucement	**34%**
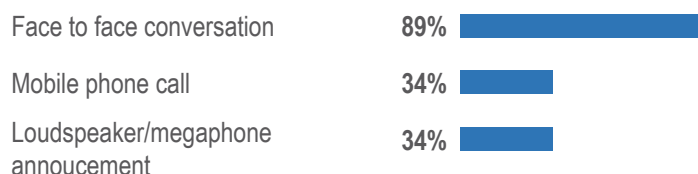
% of households reporting most preferred ways of providing feedback about services in their area[43]

Speak face to face with community leader	**67%**
At a community meeting	**34%**
Speak face to face with service provider	**29%**

% of households reporting different information needs[44]

How to get more money/financial support	28%
How to get healthcare/medical attention	27%
How to find work	21%
How to get water	21%
How to register for aid	18%

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42. Three most common main ways of accessing information are shown, and respondents could select more than one option. Question was framed as follows: *"In the last 30 days, what were the main ways you got information about what is happening here?"*
43. Three most common preferred ways of providing feedback about services are shown, and respondents could select more than one option.
44. Five most common different information needs are shown, and respondents could select more than one option.