

Multi-Sector Needs Assessment - July 2018

Camp 12, Ukhiya, Cox's Bazar, Bangladesh



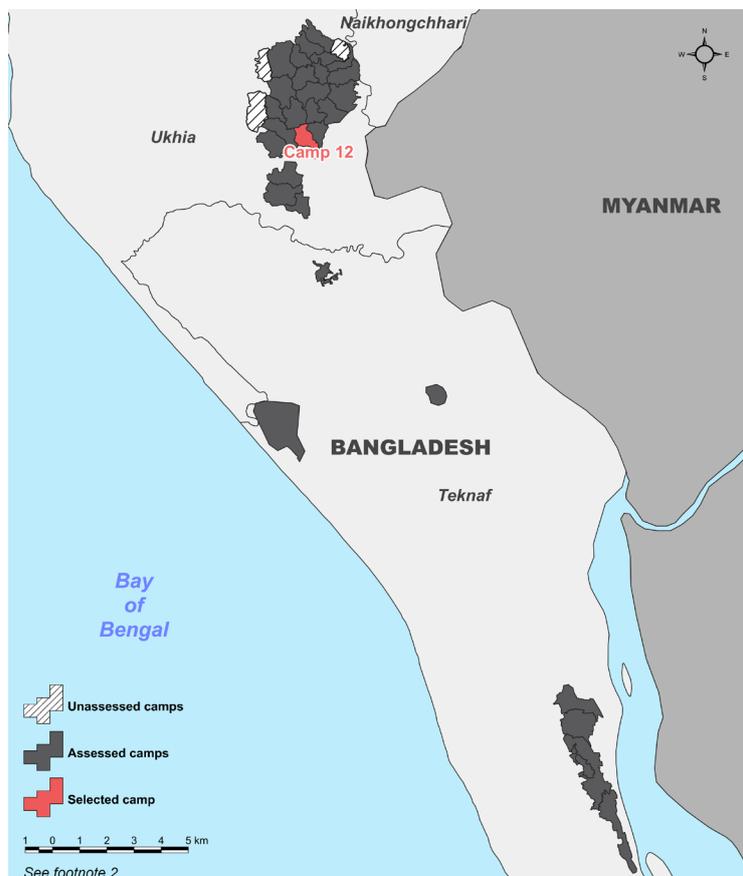
Background and Methodology

An estimated 723,000 Rohingya refugees have fled violence in Myanmar's Rakhine state since August 25, 2017¹. Most of the refugees rely on humanitarian assistance, having left with few possessions and exhausted their financial resources on the journey. The monsoon season began in May and continues into September, threatening the vast majority of refugees living in makeshift shelters and settlements highly vulnerable to floods and landslides.

To understand the evolving priority needs of the refugees, an inter-agency Multi-Sector Needs Assessment (MSNA), coordinated by the United Nations High Commissioner for Refugees (UNHCR) and with technical support from REACH, was conducted in 31 refugee sites using a household survey methodology. Support for questionnaire translation and enumerator language training was provided by Translators Without Borders.

Results of this MSNA are generalizable to the camp level with 95% confidence level and 10% margin of error. This factsheet presents an analysis of data collected in Camp 12 where 99 households were surveyed between 2 and 31 July 2018.

In order to avoid duplication, data on WASH and Food Security were not extensively collected. WASH data was collected by REACH in April 2018 and can be found [here](#)³. More information on Food Security can be found in the Light Food Security Monitoring exercise by VAM / WFP.



Population in camp (individuals)¹ **21,922**

Population in camp (families)¹ **4,855**

36.1 Average age of respondent **60%** of respondents were female

5.5 Average household size **54%** of refugees are under age 18

Demographics

Composition of surveyed households



93% of households with at least one child under 18 years old

57% of households with at least one child under 5 years old

23% of heads of households were female

43% of households with pregnant or lactating women

53% of households with at least one person with a disability or chronic illness

1. As defined by UNHCR in the population data and key demographical indicators (15 July dataset)

2. The boundaries and names used on this map do not imply official endorsement or acceptance by the United Nations

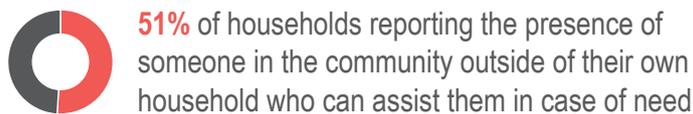
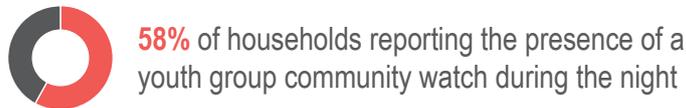
3. REACH, Bangladesh WASH Camp Profiling Factsheets, July, 2018. <https://bit.ly/2pgqFLX>

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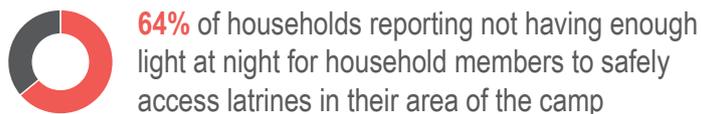
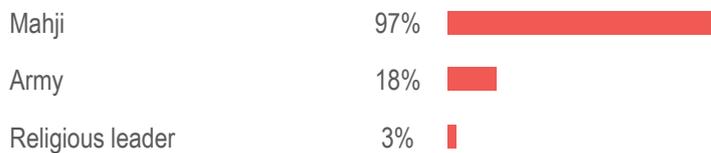
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Protection

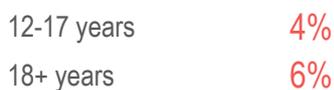
% of households reporting safety concerns (read: fears) for boys and girls (aged under 18)^{4,5}



% of households reporting first port of call for assistance in dealing with safety or security issues^{4,6}



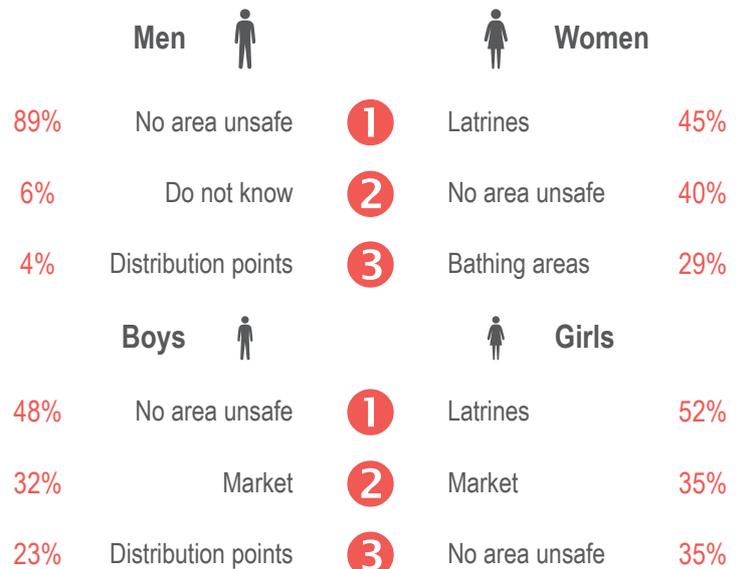
% of women reported to be attending activities at an NGO-run space where only women and girls are allowed in the 7 days prior to data collection⁷



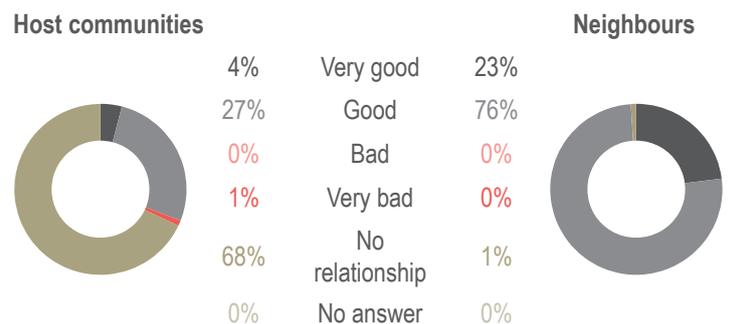
% of children reported to be attending activities at an NGO-run safe space for children in the 7 days prior to data collection⁸



% of households reporting areas in the camp where men, women, boys, and girls do not feel safe^{4,10}



% of households reporting different relationships with Bangladeshi host community and refugee neighbours in the same block



4. Respondents could select multiple options

5. Three most common safety concerns for boys and girls are shown

6. Three most common first ports of call for assistance are shown

7. Respondents were asked to report information for each woman in their household. This indicator shows the proportion of all individual women reported

8. Respondents were asked to report information for each child in their household. This indicator shows the proportion of all individual children reported

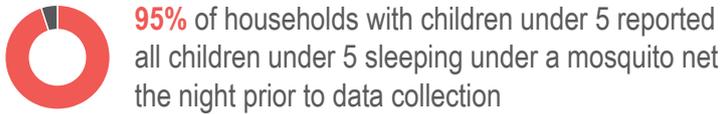
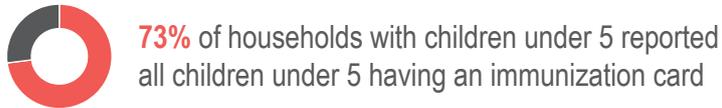
9. In this assessment hazardous labour was defined as: working with heavy machinery or lifting heavy objects, exposure to harmful chemicals, exposure to extreme heat (eg. furnace, bakery), working more than 40 hours per week, working at night (between 8 pm and 6 am), and using sharp objects.

10. Three most common areas where men, women, boys and girls do not feel safe are shown

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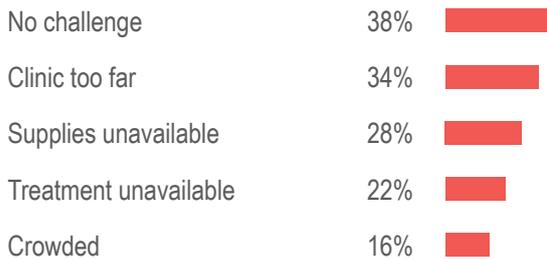
Health



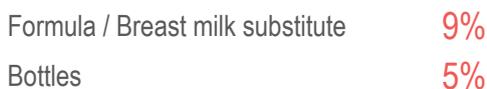
% of households reporting seeking treatment for an individual with a serious illness in the 30 days prior to data collection⁴



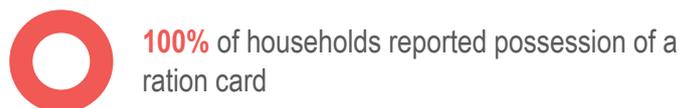
% of households reporting challenges in accessing NGO run clinics since arriving in the camp^{4,11}



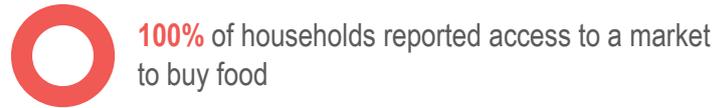
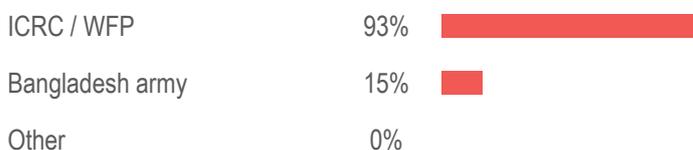
% of households with children under 5 reported receiving a breast milk substitute, infant formula or baby bottles through donation in the 30 days prior to data collection⁴



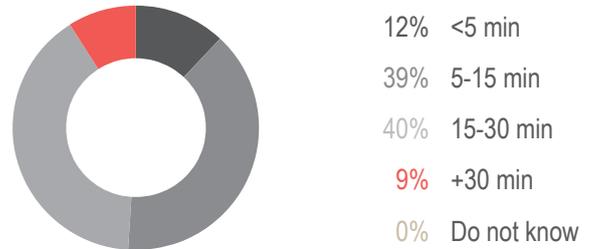
Food Security



% of households reporting receiving food assistance in the 30 days prior to data collection⁴

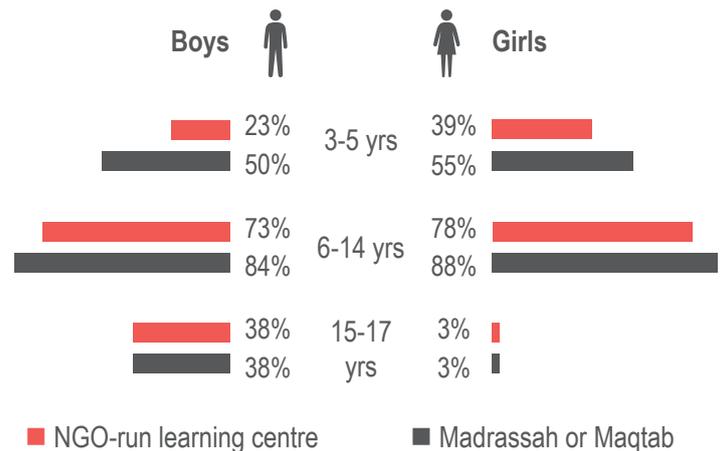


% of households reporting travel time on foot to food markets

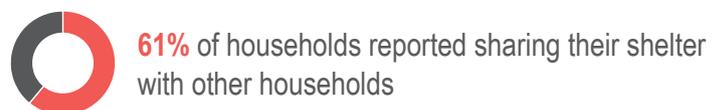


Education

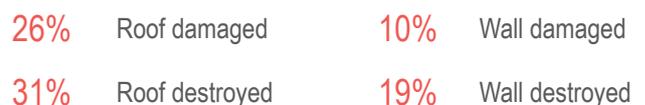
% of children reported to be attending learning centres in the 7 days prior to data collection^{4,8}



Shelter & Non-Food Items



% of households reporting destruction or damage of their shelter in the 30 days prior to data collection



4. Respondents could select multiple options

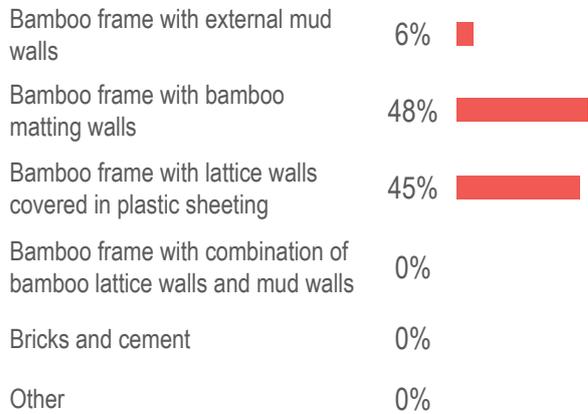
8. Respondents were asked to report information for each child in their household. This indicator shows the proportion of all individual children reported

11. Five most common health care access challenges are shown

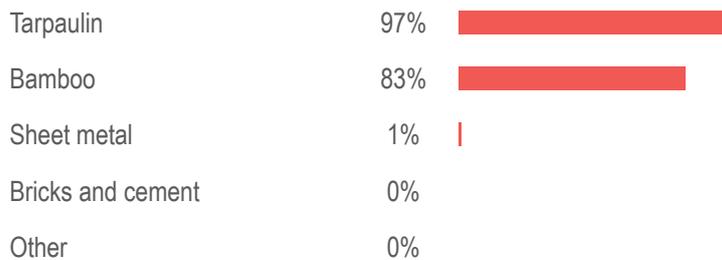
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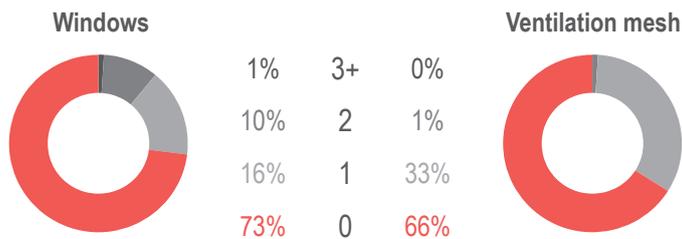
% of households reporting using different materials for the frame and walls of the household shelter⁴



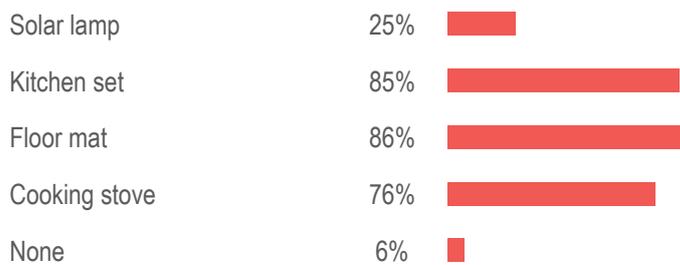
% of households reporting using different materials for the roof of the household shelter⁴



% of shelters with windows and ventilation mesh, by number of openings

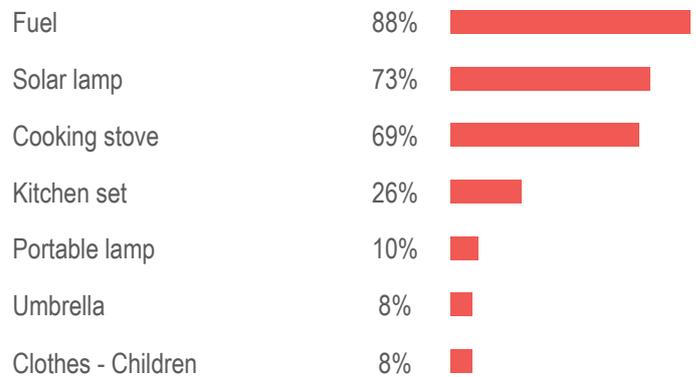


% of households reporting ownership of the following non-food items at the time of data collection

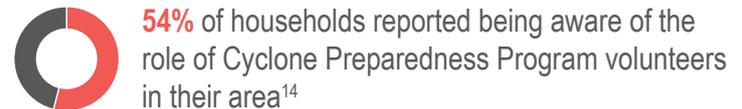


18% of households reported receiving a distribution of cooking fuel within the 30 days prior to data collection

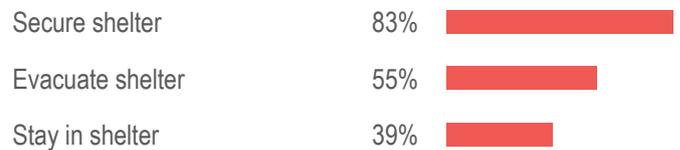
% of households reporting most urgently needed non-food items^{12,13}



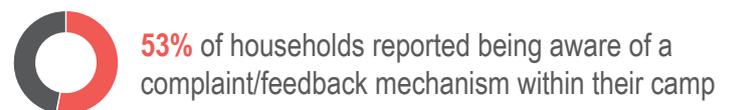
Site Management



% of households reporting steps they would take to prepare for an approaching cyclone^{4,15}



Communication with Communities



% of households reporting use of complaint/feedback mechanisms in the 30 days prior to data collection^{4,16}



4. Respondents could select multiple options

12. Respondents could select up to 3 options

13. Seven most common non-food item needs are shown

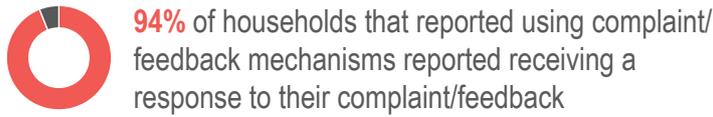
14. CPP is a joint community-based disaster risk reduction initiative of the Government of Bangladesh and the Bangladesh Red Crescent Society. It trains volunteers to deliver cyclone warnings to communities, assist with shelter and rescue, and provide medical attention

15. Three most common steps for cyclone preparedness are shown

16. Three most common complaint mechanisms used are shown

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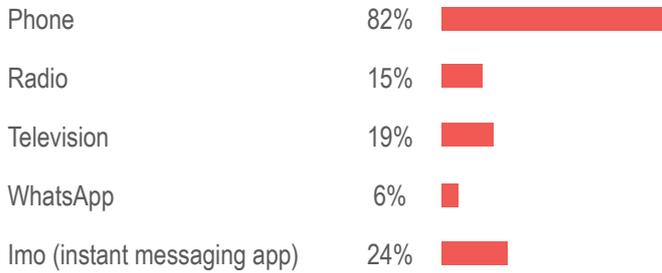
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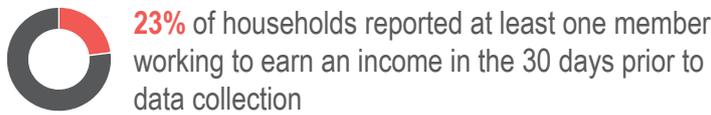
% of households reporting barriers to using complaint/feedback mechanisms^{4,17}



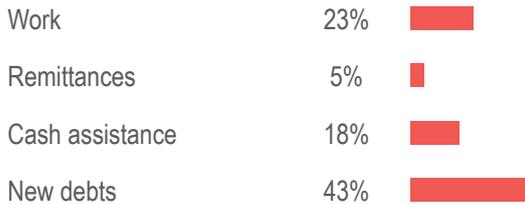
% of households reporting use of information channels in the 7 days prior to data collection⁴



Livelihoods



% of households reporting income from different sources in the 30 days prior to data collection⁴

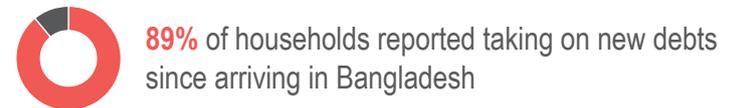
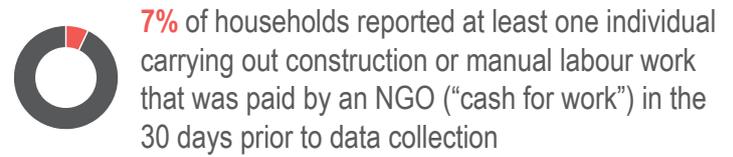


1,500 Median household income in Bangladeshi Taka (BDT)^{18,19}

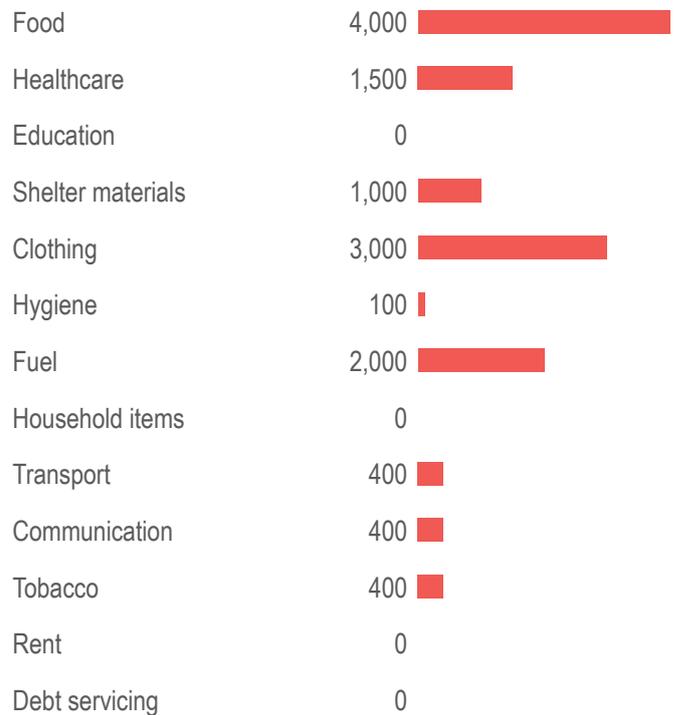
% of individuals reported to be working to earn an income in the 30 days prior to data collection



% of households reporting earning an income from different types of employment in the 30 days prior to data collection^{4,20}



Median reported monthly household expenditure in the 30 days prior to data collection, in Bangladeshi Taka¹⁹



4. Respondents could select multiple options

17. Three most common barriers to accessing complaint mechanisms are shown

18. Income from employment, remittances, cash assistance and new debts

19. USD 1 = BDT 84.2 (as of 3 September 2018). Source: www.xe.com

20. Five most common employment sectors shown