



# 2023 Joint-Multi Sector Needs Assessment (J-MSNA)

Bangladesh | **19 October 2023**

**COORDINATED BY:**



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## **Presentation (1h 15 min)**

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- 09** Key takeaways

(10 min break)

## **Q&A (30-45 min)**

(10 min break)

## **Strategies' Brainstorming Session (1h)**

A light gray world map is centered in the background. Overlaid on the map is a complex, light gray geometric pattern of interconnected lines forming various sized triangles and polygons. The number '01' is positioned in the upper-middle section of the map, over Europe.

01

# J-MSNA's Background

# Research Objectives

## Overall objective

To **inform evidence-based strategic planning** of humanitarian response activities by the Strategic Executive Group (SEG), the ISCG Secretariat, sectors, and sector partners, through the provision of up-to-date, relevant, and comparable information on the multi-sectoral needs of refugee and host community populations in Teknaf and Ukhiya Upazilas of Cox's Bazar District, Bangladesh.

## Specific objectives

1. To provide a detailed overview of the current humanitarian needs and gaps of the refugees and host communities to inform **the 2024 JRP**
2. To understand **accountability to affected populations**, including preference for types of and satisfaction with humanitarian assistance as well as information needs
3. To understand the **driver and severity of needs**
4. To **identify variations in need** among sub-population groups and geographical area (camps/unions) in order to inform response prioritization and strategic planning, particularly for the most vulnerable people

# Methodology

The 2023 J-MSNA consisted of various, primarily quantitative components:

## 01

### Household Survey Camp Populations

A total of **3,400** household surveys were collected in **33 camps in Cox's Bazar** from the 28th August to 17th September 2023.

*Stratified random sampling, 95% confidence level, 10% margin of error at the camp-level.*

## 02

### Household Survey Host Community

A total of **1,149** household surveys were collected in **11 unions in Teknaf and Ukhiya upazilas** from the 27th August to 14th September 2023.

*Stratified random sampling, 95% confidence level, 10% margin of error at the union level.*

## 03

### Focus Group Discussions

**32 FGDs** were conducted

In this presentation the findings of the qualitative analysis won't be presented

# Overview Map & Sample

## Host Community

- Collected between 102-105 surveys per union
- Gender balance of respondents 50% female / 50% male.
- Median interview duration 51 min.

## Refugees

- Collected between 100-107 surveys per camp
- Gender balance of respondents 48% female / 52% male.
- Median interview duration 51 min.



# Limitations & Assumptions

- The assessment **does not target refugees residing outside the official camps.**
- The J-MSNAs are designed to provide an analysis from a multi-sectoral perspective. **They will not provide a detailed understanding of all sectors and thematic concerns.** As such, in-depth sectoral assessments and triangulation with other sources is required.
- The **unit of analysis** of the household survey is the **household**. As such, only limited information can be collected relating to conditions and experiences of specific members of the household.
- Similarly, the J-MSNAs provide information and **insights into levels of need at the time when the assessment is being conducted.** As such, inter-seasonal differences will not be captured by the J-MSNAs.
- Findings will capture households' **self-reporting**, and hence are at risk of bias. Some households might be inclined to **over-report needs** thinking it might translate into increased assistance, or might **under-report challenges** due to fear or social norms.
- Findings from **subsets** (questions with skip-logic) have a lower confidence level and higher margin of error hence caution is advised when interpreting those findings.

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**02**

# **Priority Needs & Humanitarian Assistance**

# Priority Needs

## Households' rated priority needs, by the most commonly reported

Host Community		Refugees	
First priority need			
Access to food	33%	Access to food	75%
Shelter materials/upgrade	14%	Shelter materials/upgrade	9%
Second priority need			
Shelter materials/upgrade	12%	Shelter materials/upgrade	28%
Access to latrines	11%	Electricity	16%
Third priority need			
Cooking fuel	16%	Household cooking items	15%
Access to gas	13%	Access to health services	13%

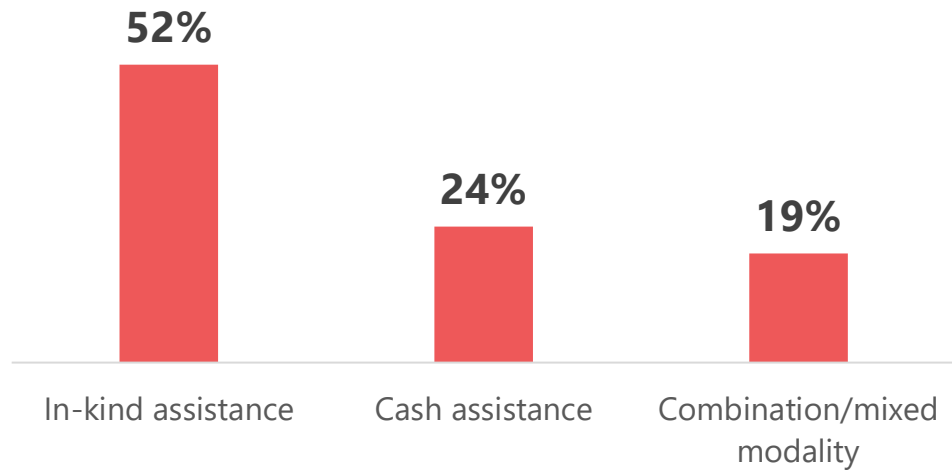
Host community households' priority needs had a higher variance, while refugee households were more likely to converge. Still both population groups often listed food and shelter materials/upgrade as priority needs.

Host community households' preferred modality of assistance was: cash assistance (47%), in-kind assistance (24%), or a combination of both (18%)

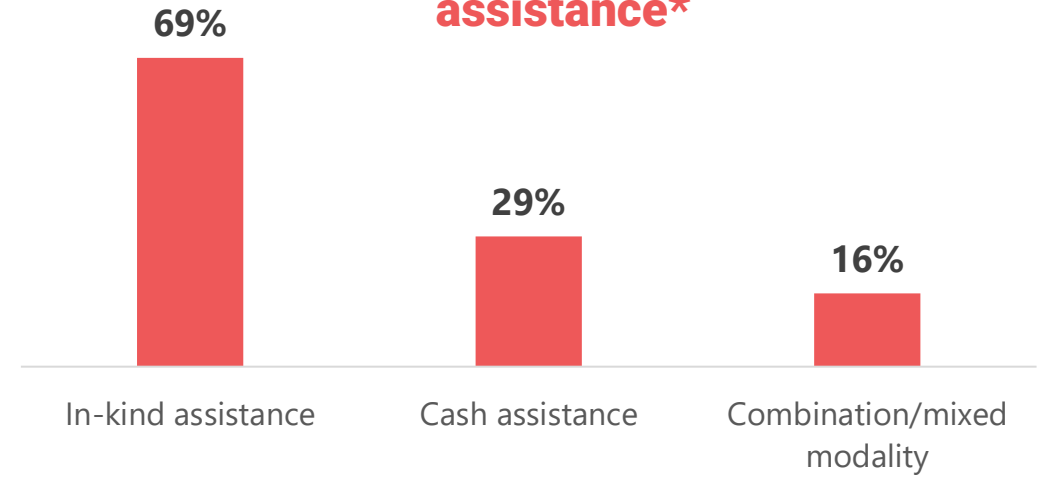
\* Question allowed multiple choices.

# Refugees' Preferred Modalities of Assistance

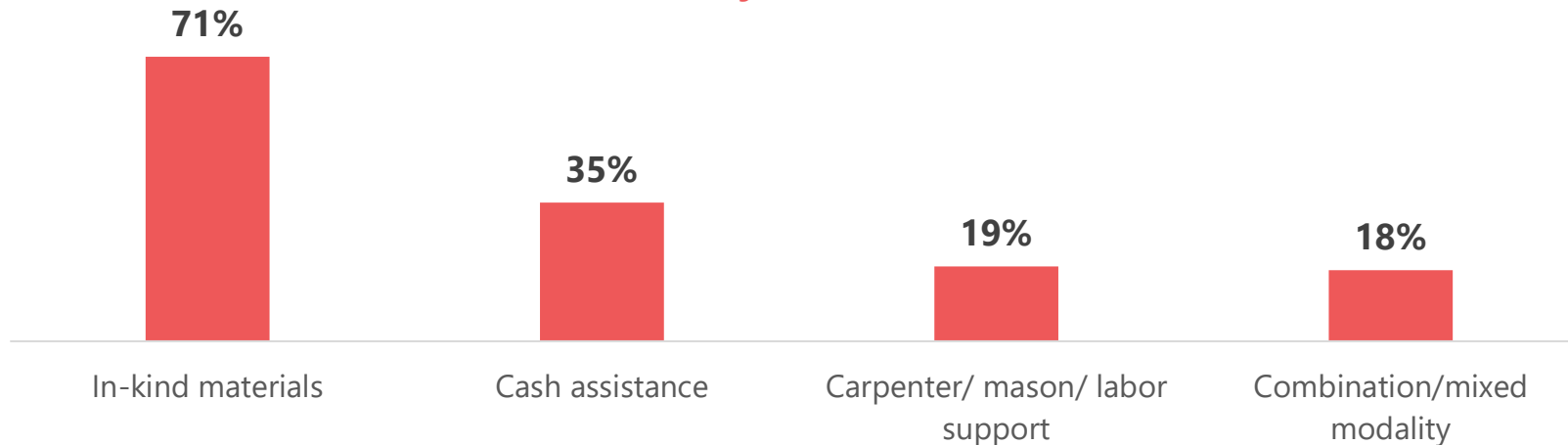
## Preferred modality of food assistance\*



## Preferred modality of non-food items (NFIs) assistance\*



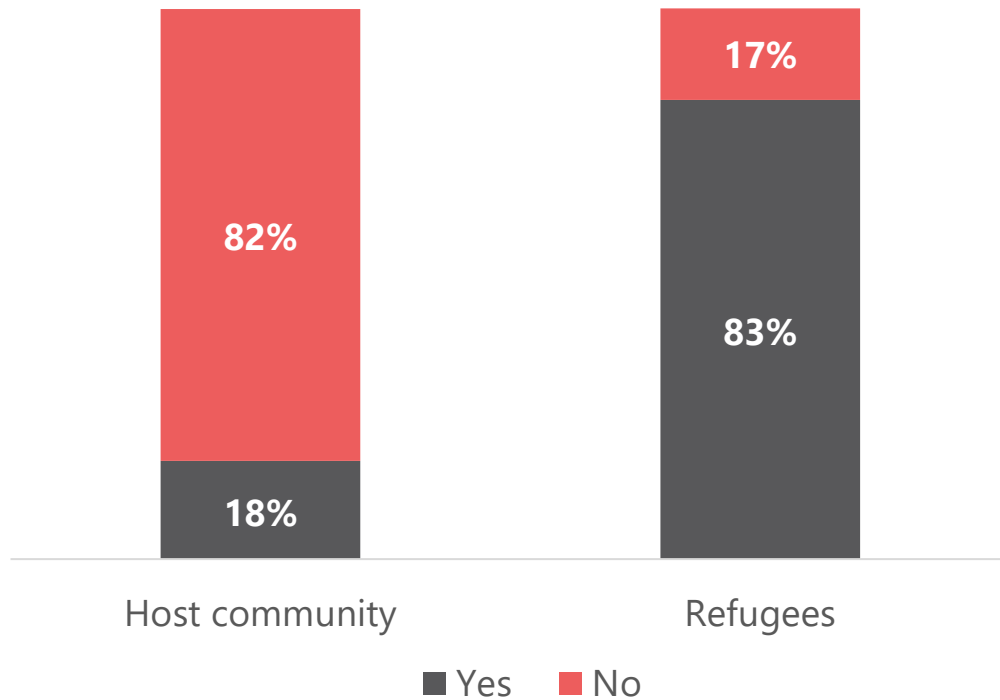
## Preferred modality of shelter assistance\*



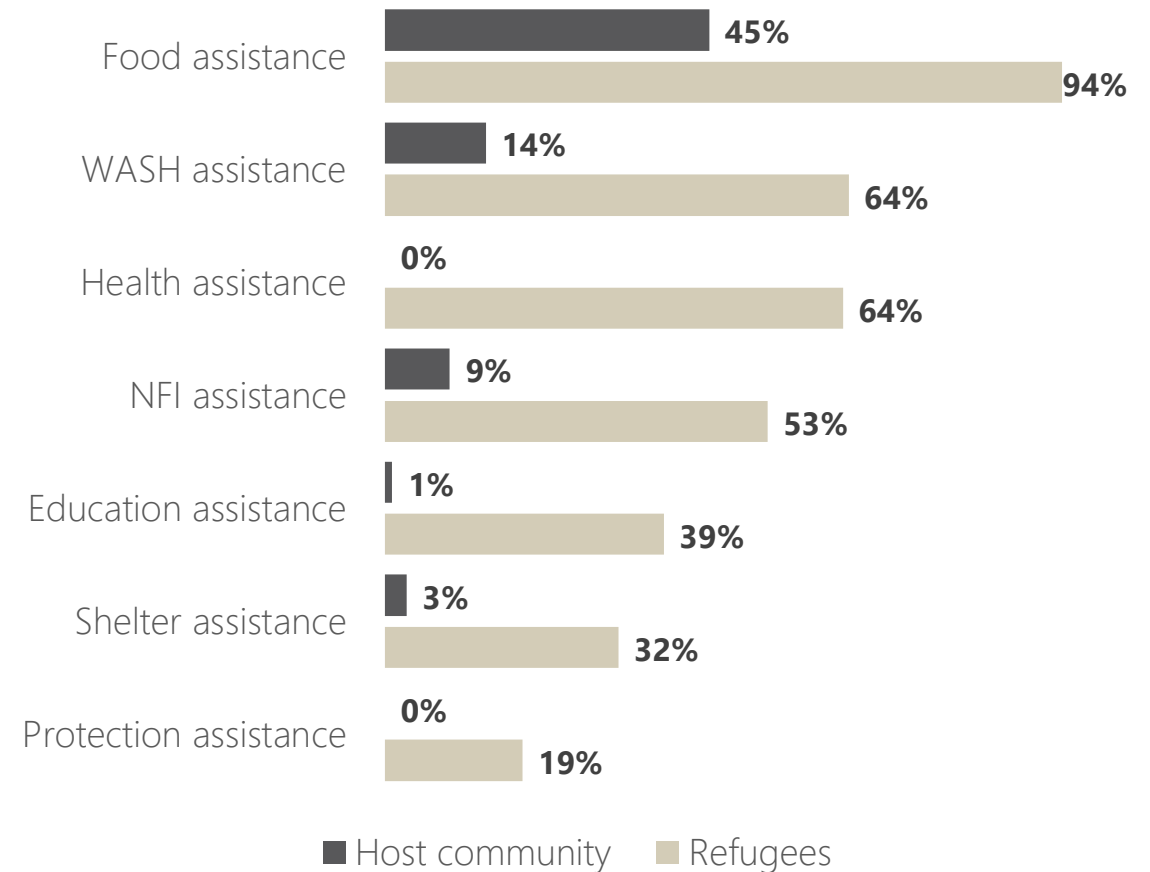
\* This question was answered by those who listed this item/assistance as their priority need: 90% indicating food, 47% shelter, and 43% NFIs.

# Humanitarian Assistance for Households

% of households' reportedly receiving humanitarian assistance in the 12 months prior to data collection



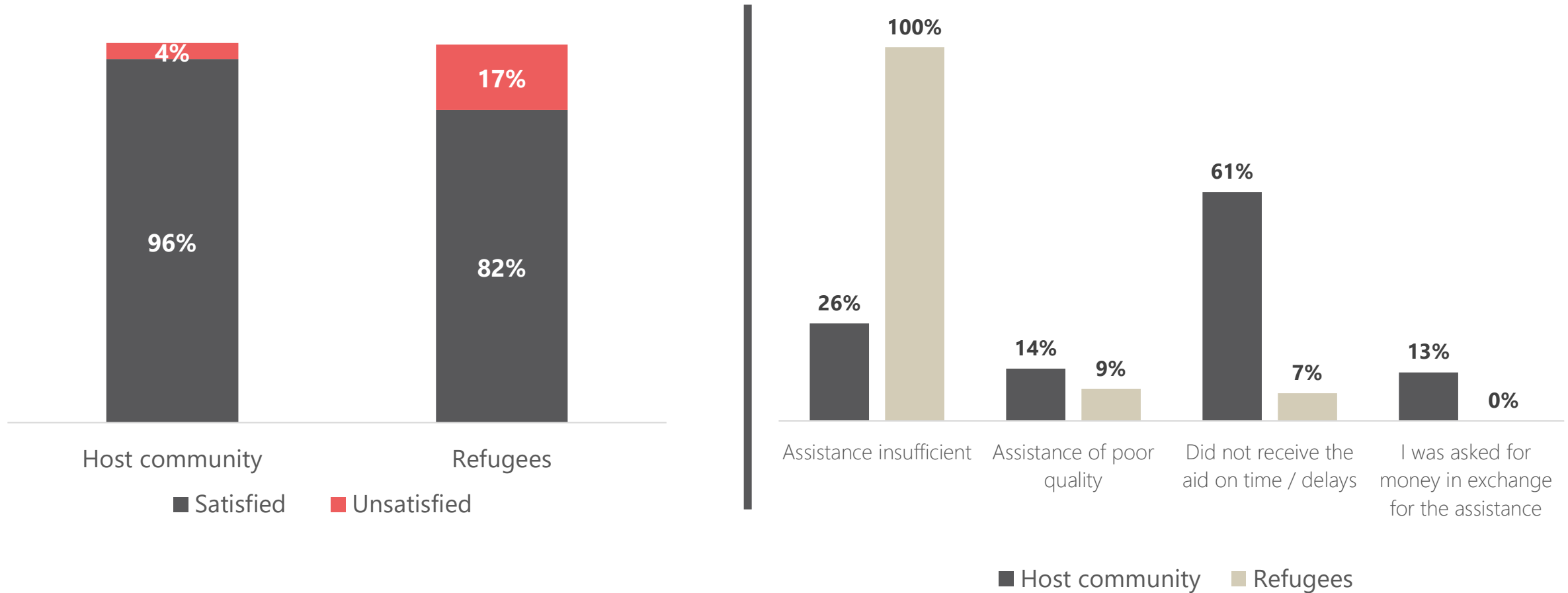
Households' received types of humanitarian assistance in the 12 months prior to data collection\*



\*Question allowed multiple choices.

# Exploring Aid Recipient Concerns

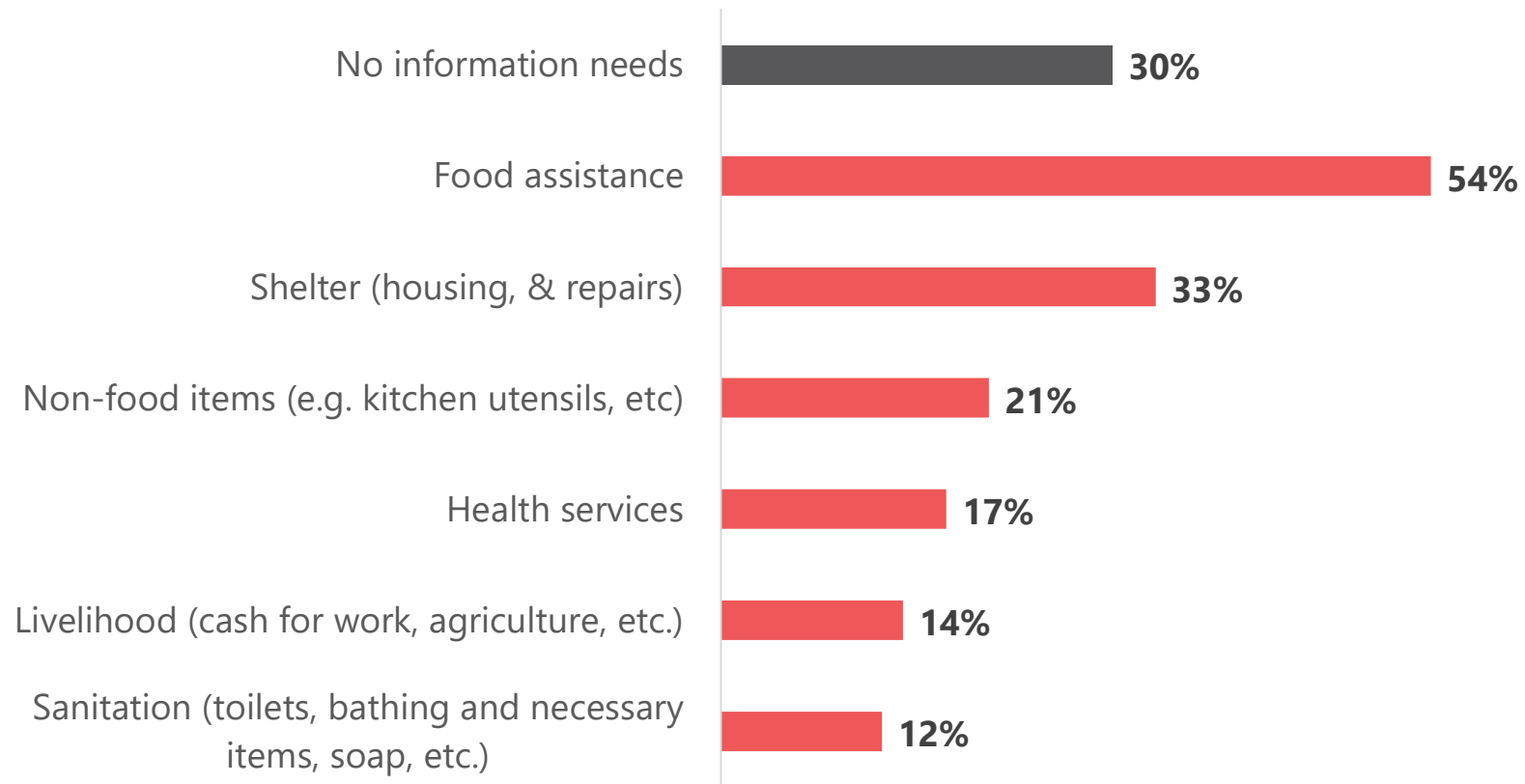
% of households not having been satisfied with the aid received, by reason\*



\*Question allowed multiple choices.

# Sectoral Information Needs for Refugees

**% of households reporting having information needs, by sector\***



*\*Question allowed multiple choices.*

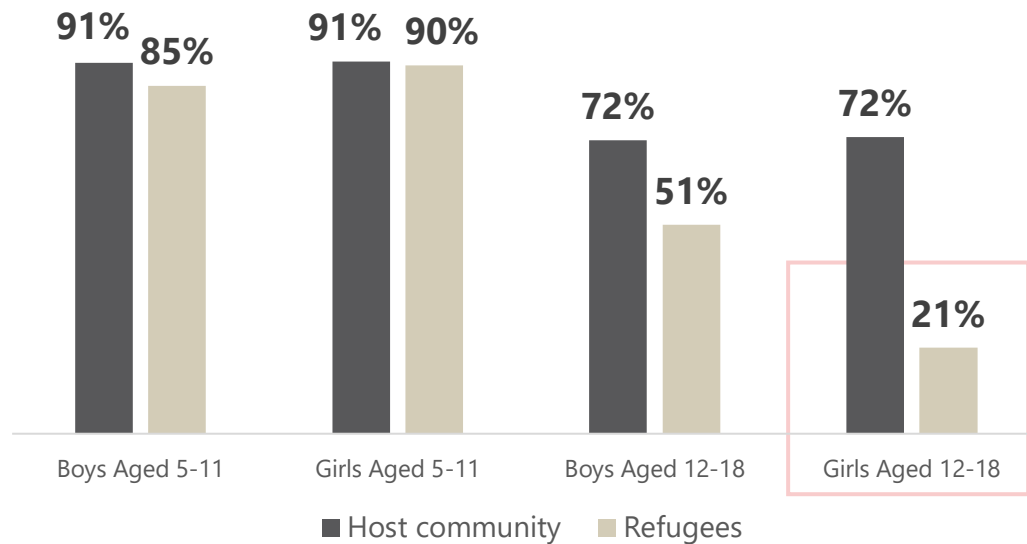
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**03**

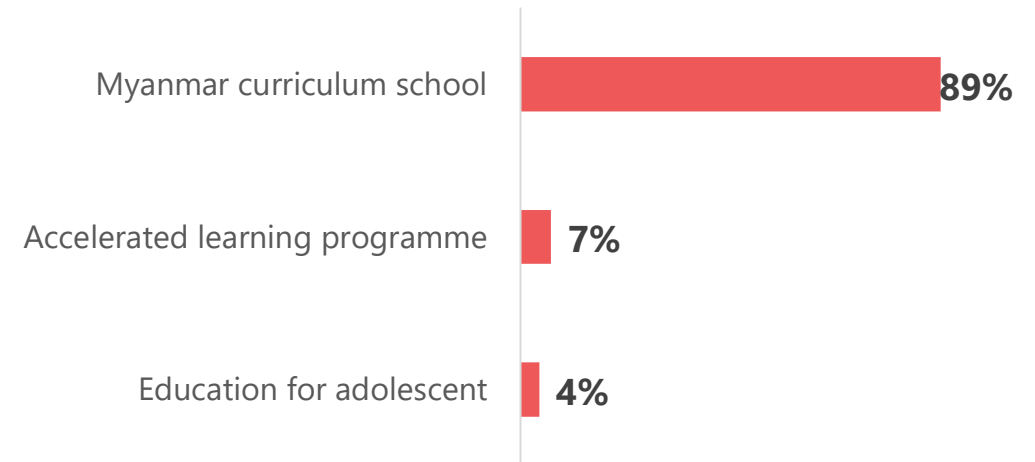
# **Education**

# School Enrollment and Attendance

**% of school-aged children (aged 5-18) reportedly enrolled & attending education during the school year 2022-2023, by age and gender**



**% of refugee school-aged children (aged 5-18) reportedly attending education, by educational programme**



However, the [Education Sector Dashboard](#) calculates that refugee enrollment is higher (83%), but regular attendance is lower (82%). This difference might be explained by the [MSNA respondents' bias](#), or as a consequence of data being collected during school break. According to our sample, 64% of refugee school-aged children were reportedly enrolled in the camp's learning facilities, 97% also reportedly attended school regularly (4 out of 5 days of attendance). In both cases, when accounting for enrollment and attendance at the same time, Education Sector monitoring data (68%) and MSNA findings (63%) mostly align.

# Understanding Child Learning Challenges

**% of school-aged boys and girls (5-18) not regularly attending education facilities/schools during the 2022-2023 school year, by reason**

## Host Community

Cannot afford education costs	41%
Unable to register or enroll child in school	26%
Education is not a priority	11%
Child helping at home, farm or work	7%
Child having a disability	4%
Marriage or pregnancy	4%

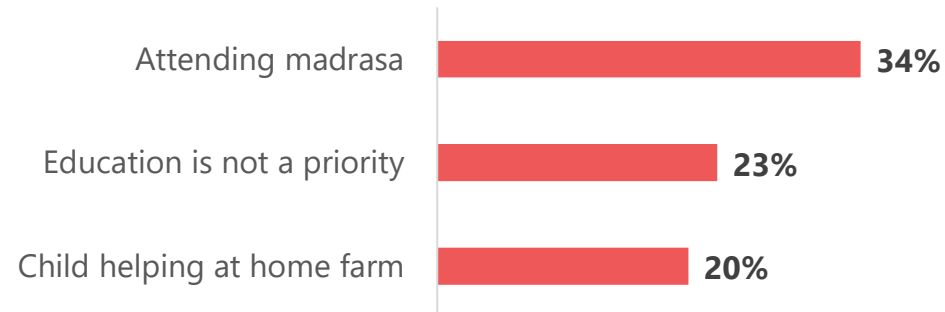
## Refugees

Attending madrasa	20%
Education is not a priority	17%
Unable to register or enroll child in school	15%
Child helping at home, farm or work	13%
Lack of male/female separation	7%
Protection risks while commuting to school	6%
Child having a disability	4%
Too old for school/puberty	4%
Marriage or pregnancy	4%

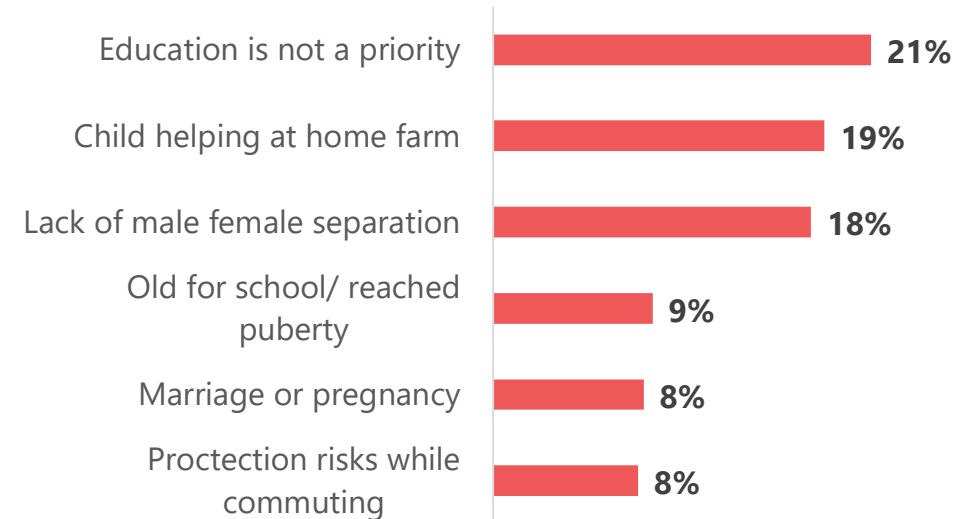
Whereas the reported reasons why children from the host community are missing on education are clear, the reasons for refugee reasons are multi-faceted and fragmented. However, these multi-faceted reasons seem to be influenced by gender.

# Understanding Child Learning Challenges

## Most common reasons why refugee adolescent boys (12-18) missed education



## Most common reasons why refugee adolescent girls (12-18) missed education



While interpreting data it should be taken into account that girls are more likely than boys to be missing schools. Refugee girls were more likely to miss on education due to education not being a priority, child helping at home or work, lack of female and male separation, protection risks, reaching puberty (likely related to cultural norms) or marriage or pregnancy. Boys were reportedly more likely than girls to miss on education to attend a Madrasa.

# Safety and Environmental Conditions while Learning

The vast majority of the **host community (97%)** and **refugee (98%)** households reported that their children were able to travel and learn in safe conditions. For those who reported unsafe conditions (**3%** host community and **2%** of refugee children), the reasons were:\*, \*\*

## Host Community

Long travelling distance (more than 30 minutes travel)	<b>88%</b>
Unsafe infrastructure	<b>17%</b>
Security concerns of child travelling to school (fear of physical threat, abduction etc.)	<b>12%</b>

## Refugees

Security concerns of child travelling to school (fear of physical threat, abduction etc.)	<b>53%</b>
Recruitment by armed groups (gangs)	<b>23%</b>
Unsafe infrastructure	<b>17%</b>
Verbal bullying or discrimination (eg. Eve-teasing)	<b>11%</b>

All **host community (100%)** and the vast majority of **refugee (98%)** households reported that their children were able to learn in acceptable conditions. Of the **2%** of refugee children reportedly unable to learn in acceptable conditions, the reasons were:\*, \*\*

## Refugees

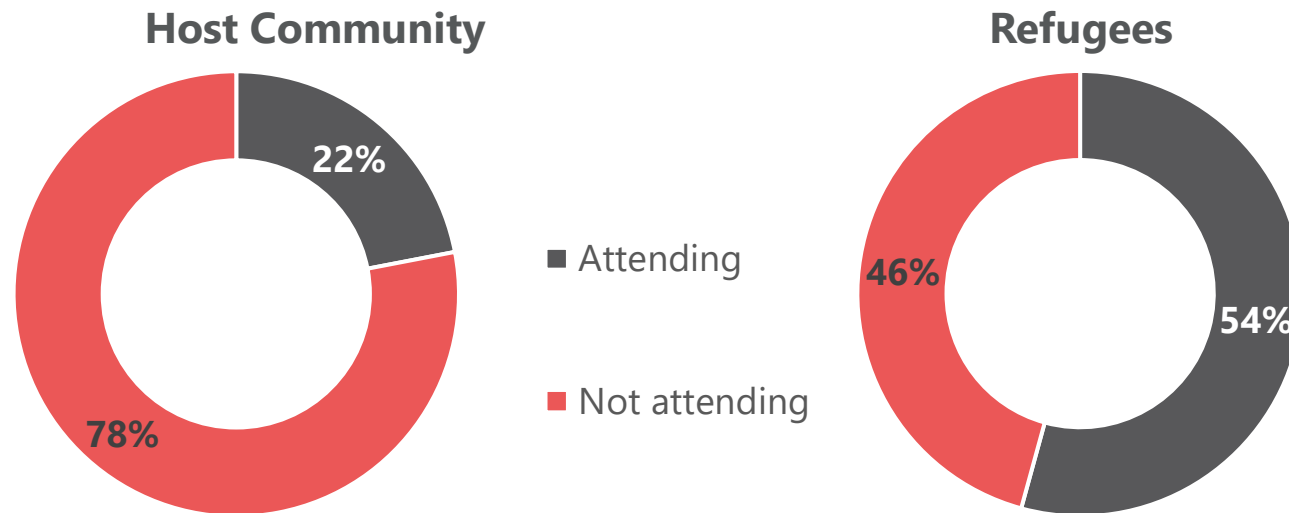
Lack of qualified teaching staff	<b>59%</b>
Curriculum is not adapted	<b>44%</b>
Lack of teaching and learning material	<b>42%</b>
Lack of teachers	<b>18%</b>

\*Question allowed multiple choices.

\*\*Findings from very small subsets should be considered indicative only.

# Children in Early Education

**% of early education-aged children (referred to as aged 3-4 for refugee and 4 for host community) not attending early education programme during the 2022-2023 school year**



The most commonly reported reasons why children miss education was the inability to enroll children for host community, or child being too young for refugees.

This could partly be explained by children not being of age at the time enrolment for an early education program.

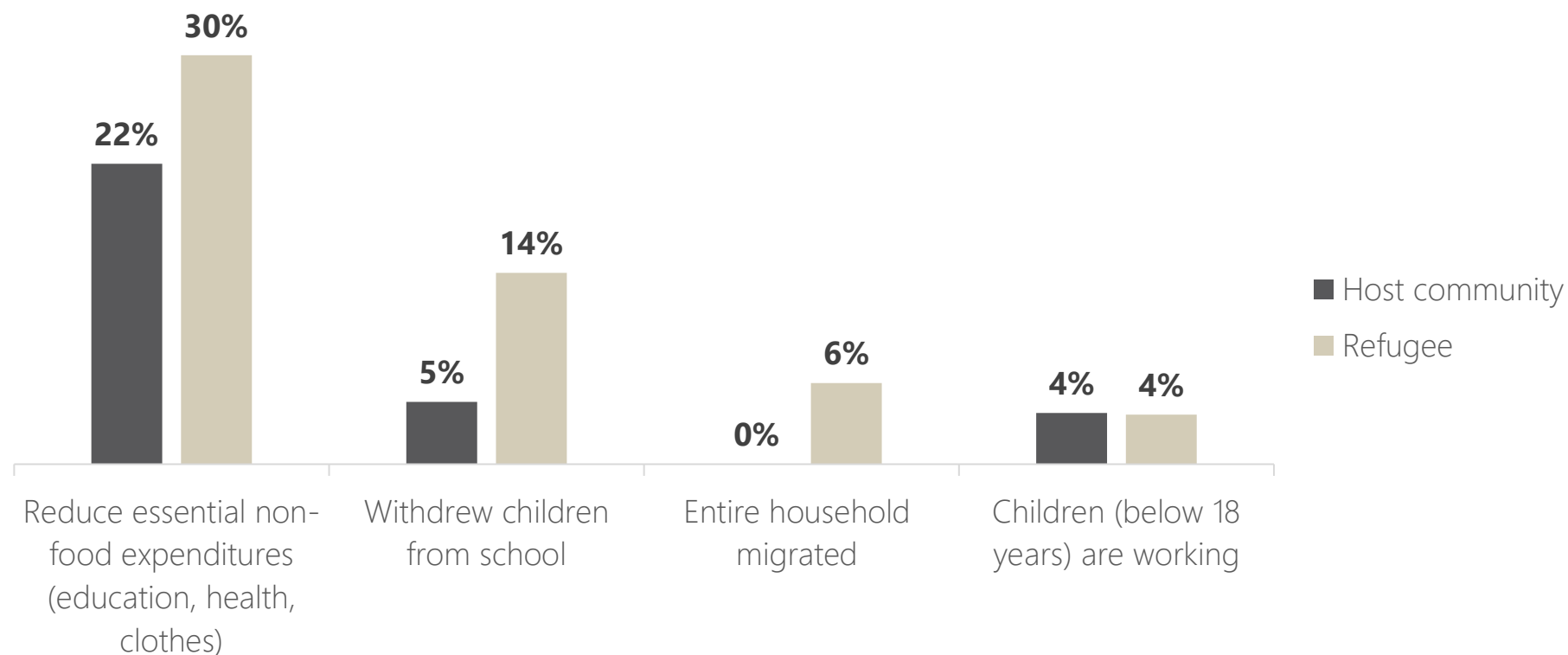
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**04**

**Livelihoods' Skills  
Development & Cash and  
Markets**

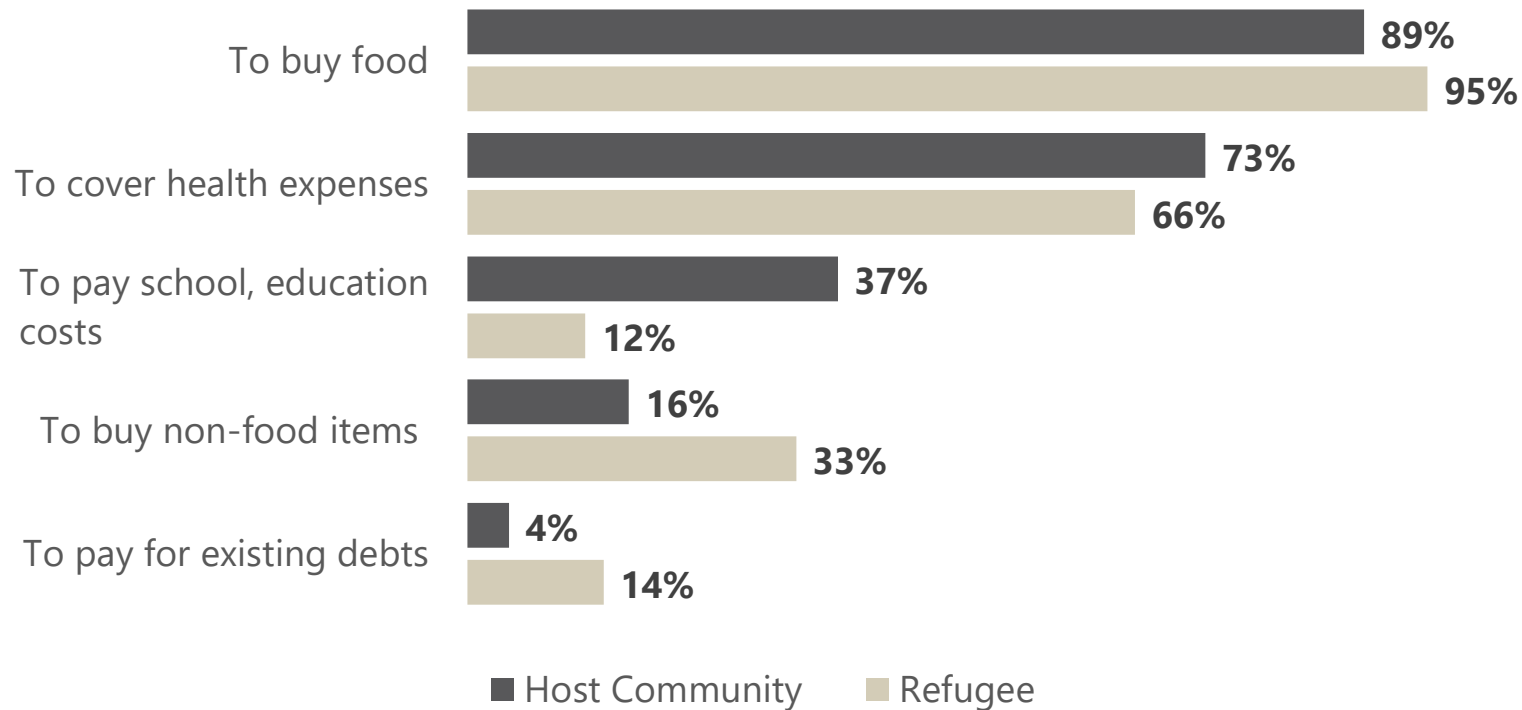
# Livelihoods Coping Strategy Index (LCSI)

**Most commonly used and exhausted crisis and emergency coping mechanisms  
by % of households\***



# Reasons for Using Coping Strategies (LCSI)

## Most commonly reported reasons for using coping strategies\*

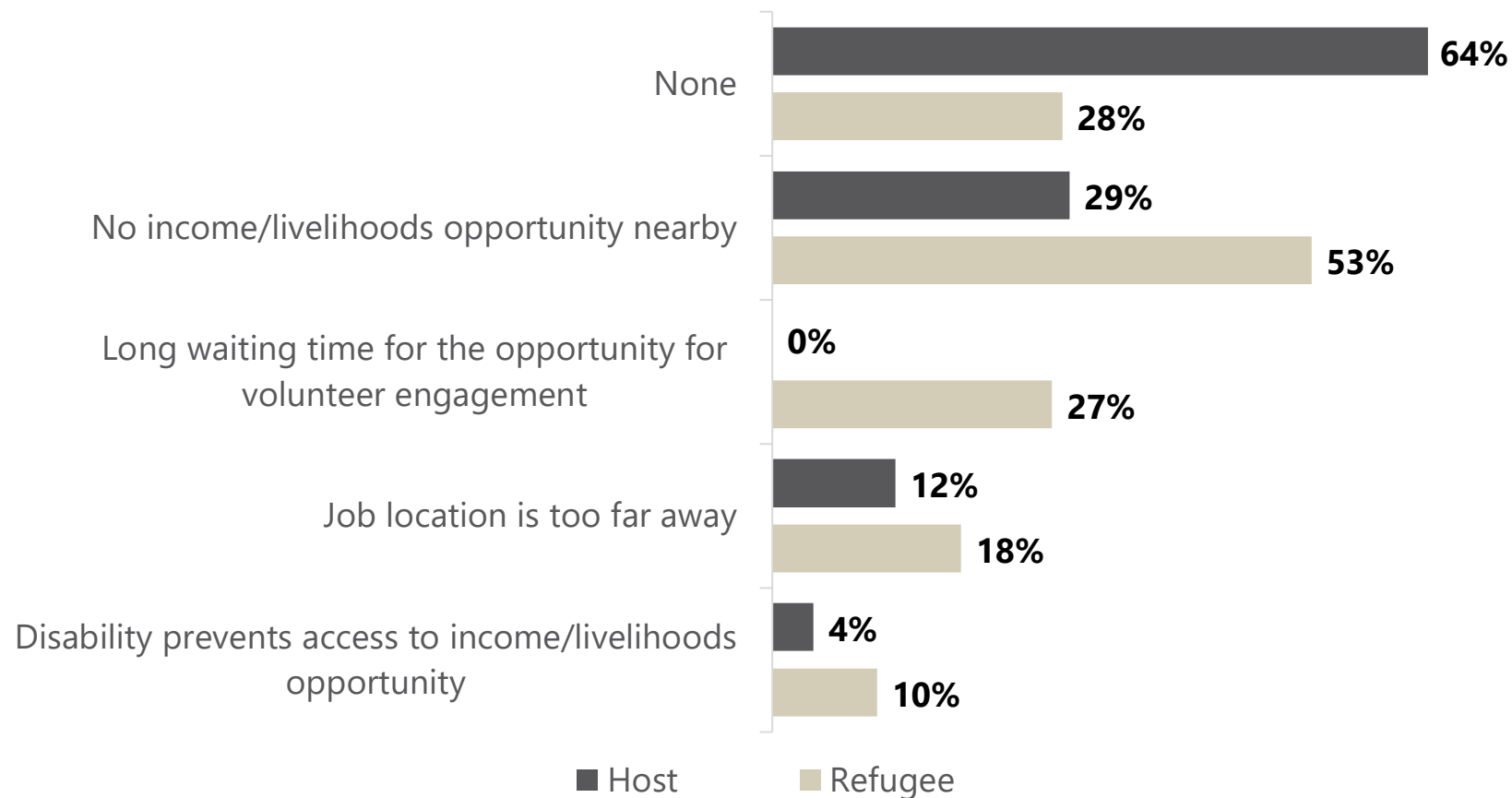


A subset of the households using livelihood coping mechanism (86% host and 92% refugee households).

Although a common coping strategy was to reduce healthcare, education, and clothing expenditures many households needed to apply coping strategies in order to afford these needs. A possible explanation is that households cannot or do not want to eliminate these expenditures completely but still need to reduce overall expenditures to afford the most important and indispensable of these needs.

# Barriers to Income Opportunities

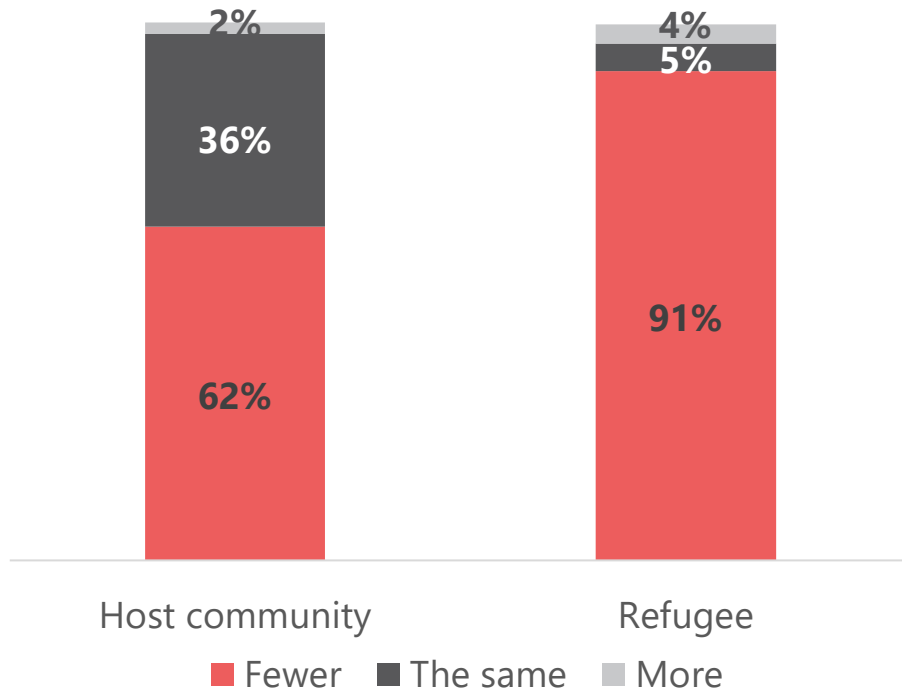
**% of households reporting barriers to income opportunities\***



*\*Question allowed multiple choices.*

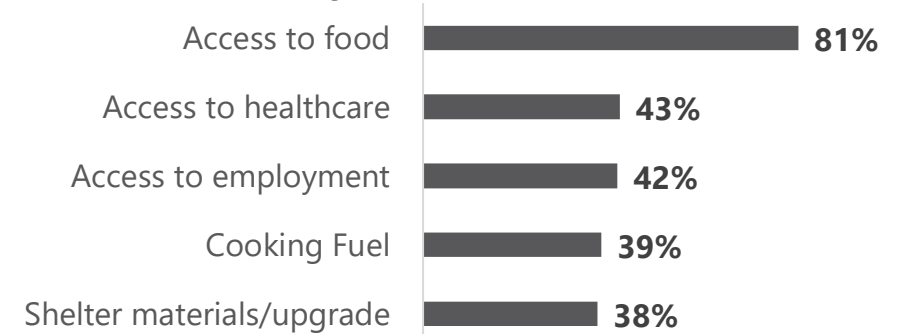
# Changes in Affordability of Goods & Services

% of households' reporting changes in their ability to afford goods and services the year prior data collection

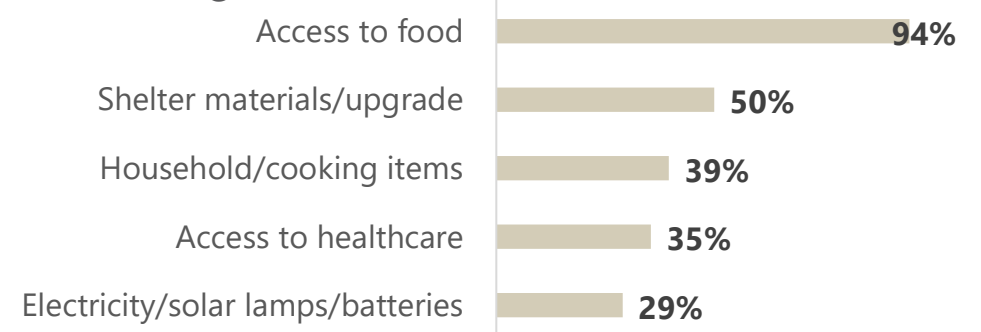


% of households' reporting being able to afford fewer goods and services the year prior data collection, by type\*

## Host Community



## Refugees



\* Question allowed multiple choices.



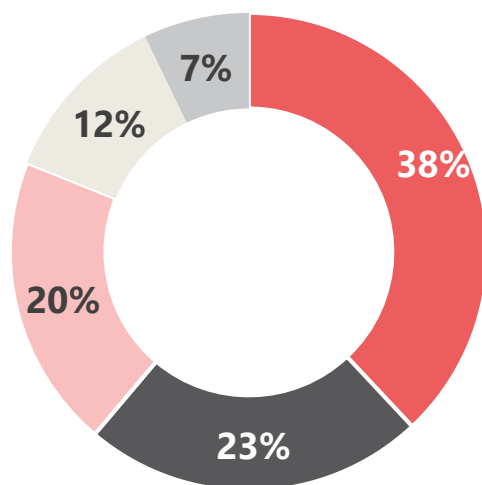
05

# Healthcare

# Place of birth

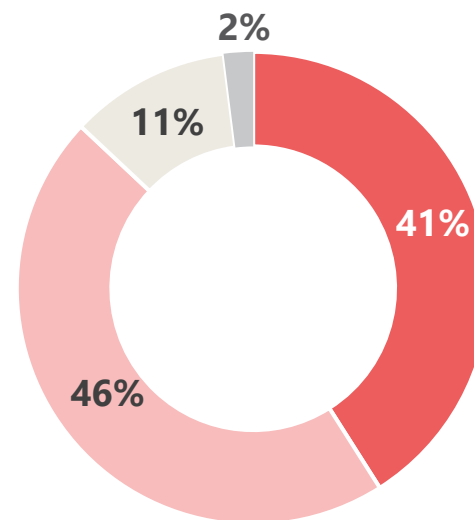
% of children under the age of 2 by reported birth facility

## Host Community



- At home by an untrained person
- Government clinic
- NGO clinic
- At home by a trained health professional
- Private clinic

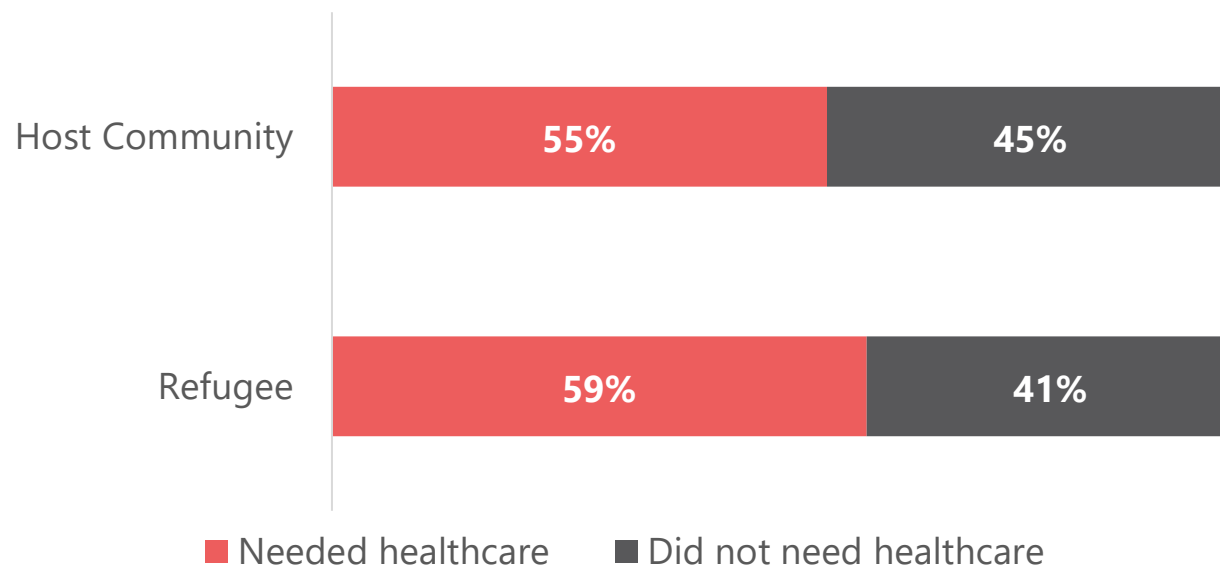
## Refugees



- At home by an untrained person
- NGO clinic
- At home by a trained health professional
- Other

# Healthcare needs

**% of individuals needing healthcare in the 3 months prior to data collection**

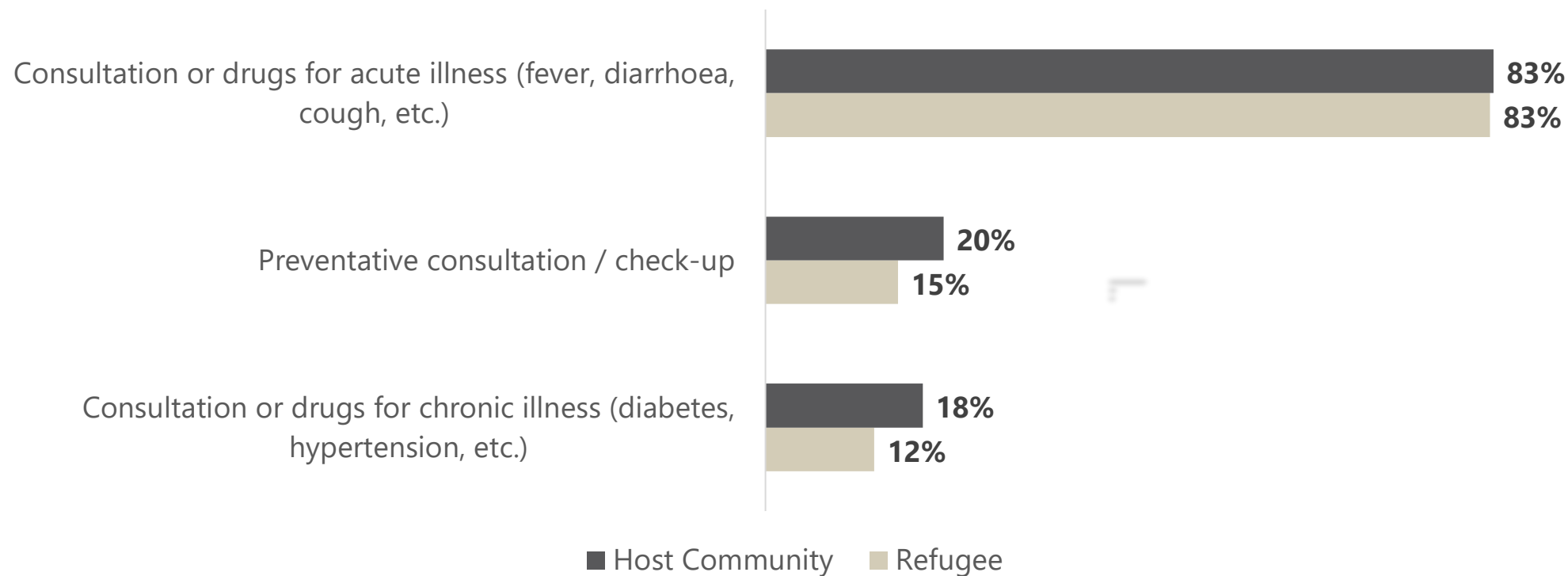


In the host community, 88% of the individuals needing healthcare were able to obtain healthcare when they felt they needed it.

In the camps, 89% of the individuals needing healthcare were able to obtain healthcare when they felt they needed it.

# Unmet healthcare needs

Of those individuals with unmet healthcare needs (**12%** host and **11%** refugee individuals who had needed healthcare but were unable to receive it), the reported unmet healthcare needs were:\*, \*\*

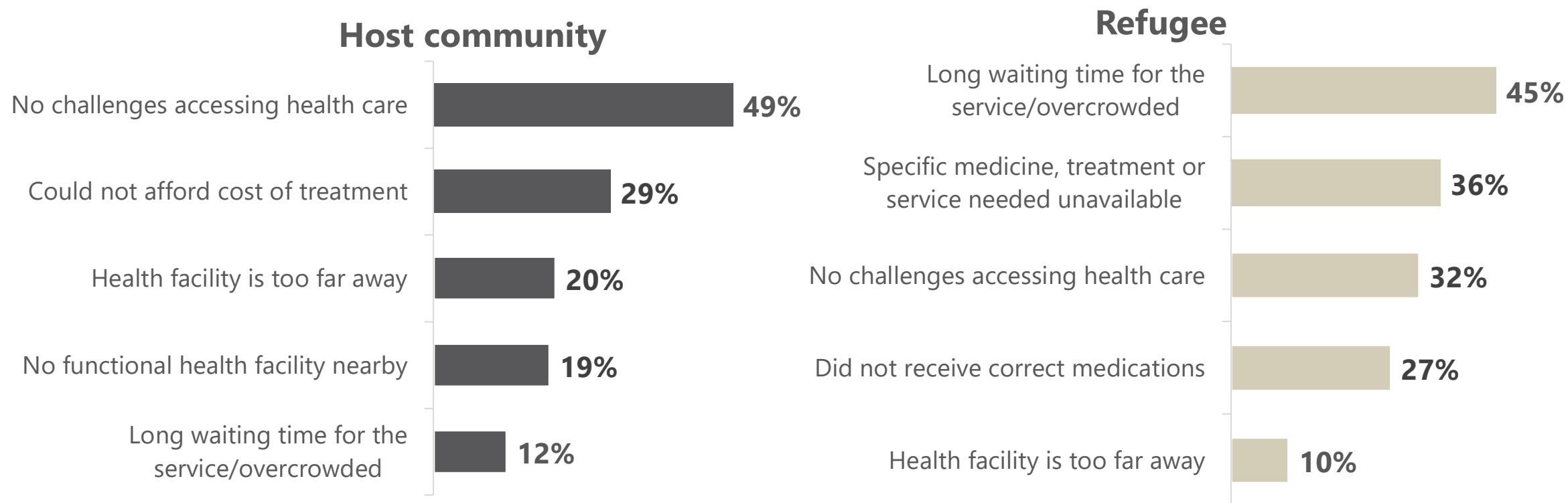


\*Question allowed multiple choices.

\*\*Findings from very small subsets should be considered indicative only

# Access to healthcare

## Households' most reported barriers to access healthcare\*



Question was asked to all households regardless of if they needed or not healthcare in the 3 months prior to data collection.

\* Question allowed multiple choices.

# Accessing Health Services

**Reported travel time to the nearest, functional health facility (median)**

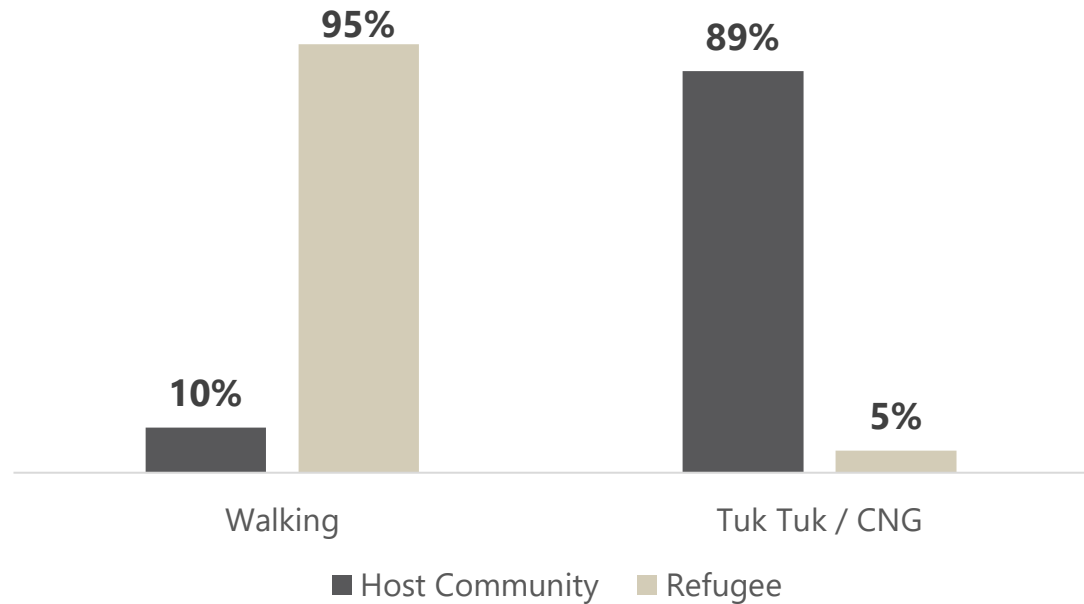
**Host Community**

**20  
minutes**

**Refugees**

**15  
minutes**

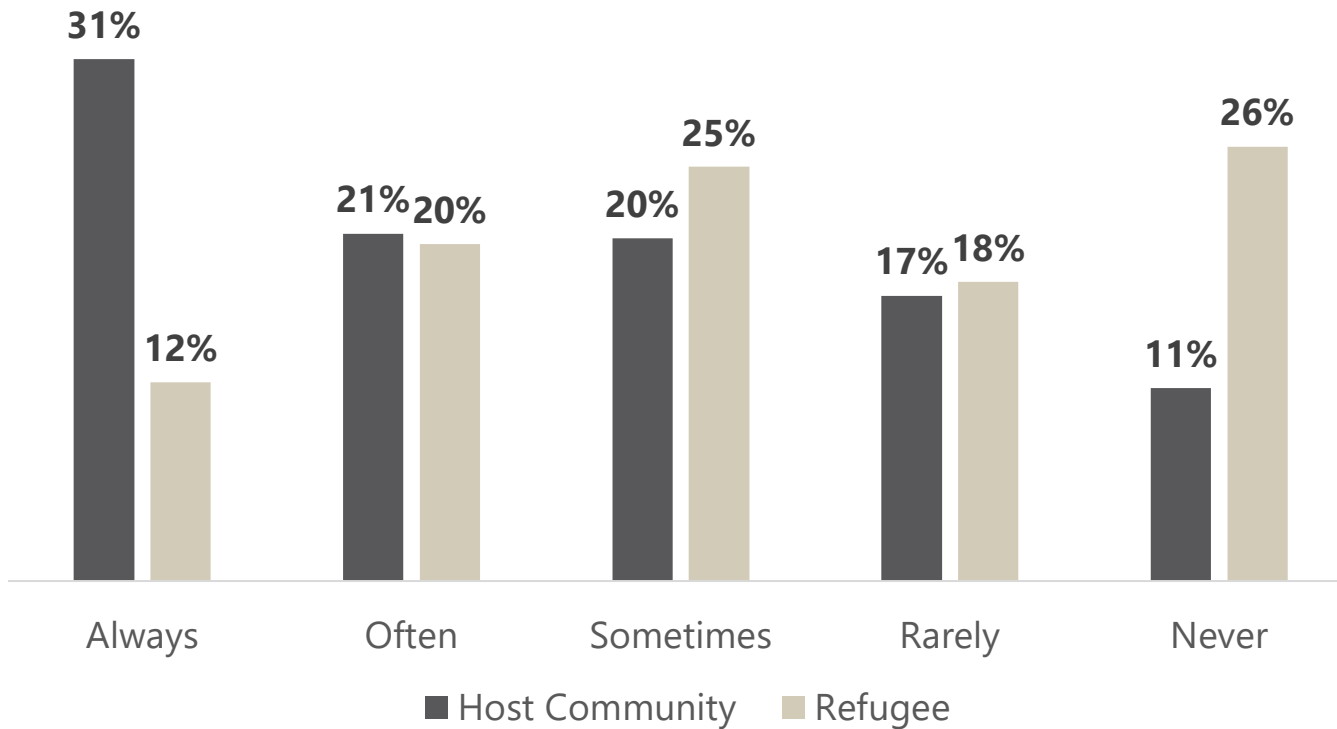
**% of households by normal mode of transportation to the nearest functional health facility**



Some refugees took longer travelling distance since they reportedly preferred healthcare services from outside the camps.

# Disability

**Of the 5% of refugee and 2% of host community individuals with disabilities, % of those who reportedly experienced challenges in accessing education, healthcare, food, shelter support, humanitarian assistance, employment, and social interactions due to access not being adapted\*, \*\***



Persons with disability reporting that they **always** experienced challenges in accessing services were higher among the host community compared to refugees.

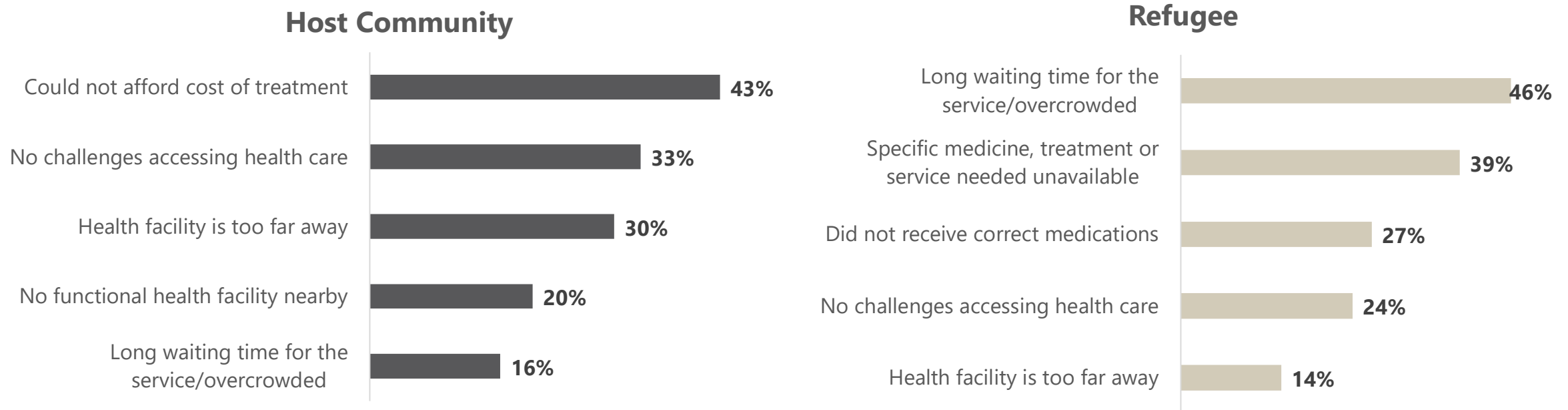
Results can vary widely between unions and camps.

Disclaimer: REACH conducted an Age and Disability Inclusion Needs Assessment in May 2021 (available [here](#)), showing more in depth and representative results. Findings should be interpreted carefully.

*\*The question was asked for every individual answering "having a lot of difficulty" or "cannot do at all" to at least one question from the WGSS.\*\* These are findings from a small subset of the population and lose representativity*

# Disability

## Most reported barriers to access healthcare, by households with at least one member with a disability\*



This is a subset from **8% host and 15% of refugee households** with at least one member with disability. For a more in depth and representative analysis of challenges for persons with disabilities REACH conducted an Age and Disability Inclusion Needs Assessment in May 2021 (available [here](#)).

\* Question allowed multiple choices.

A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected triangles. The map shows the outlines of the continents. 

06

# Protection

# Child Protection: Separated, Work, Married

## Separated Children

3% of the host community and 4% of the refugee households reported that one of their children (under 18 years old) was not residing with them. While for the host community households, the most reported reason was to pursue education (78%), for the refugee households, the reasons reported were to get married (43%) or to seek for an employment (32%).

### Child Work

3% of host community and 3% of refugee children of ages 5-17 were reportedly contributing to household income.

As coping mechanisms to afford their household basic needs, households reported that children contributed to the household income:

- 2% Refugee households
- 4% Host Community households

### Child marriage

Only 0.3% of host and 2% of refugee children of ages 11-17 were reportedly married, mostly girls (70% of married refugee children).

As coping mechanisms to afford their household basic needs, households reportedly married one of their children due to them becoming a financial burden:

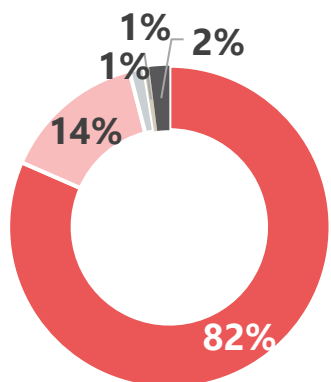
- 2% Refugee households
- 0.2% Host Community households

*Disclaimer: these % are very low and within the margin of error. Due to their sensitivity these findings should be interpreted carefully. Based on other sources, Child Protection partners should consider the likelihood of these findings being accurate or underreported. Sensitive issues tend to be underreported if the respondent thinks it might negatively reflect on them.*

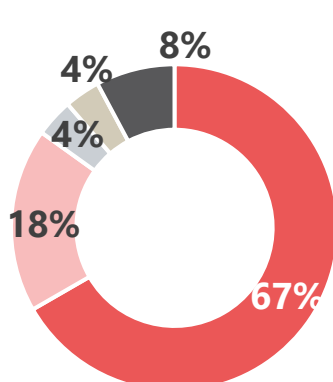
# Child Protection: Child-safe Activities & Spaces

% of the households reporting children participated at least once a month in a community-based child protection program, by frequency

Host Community

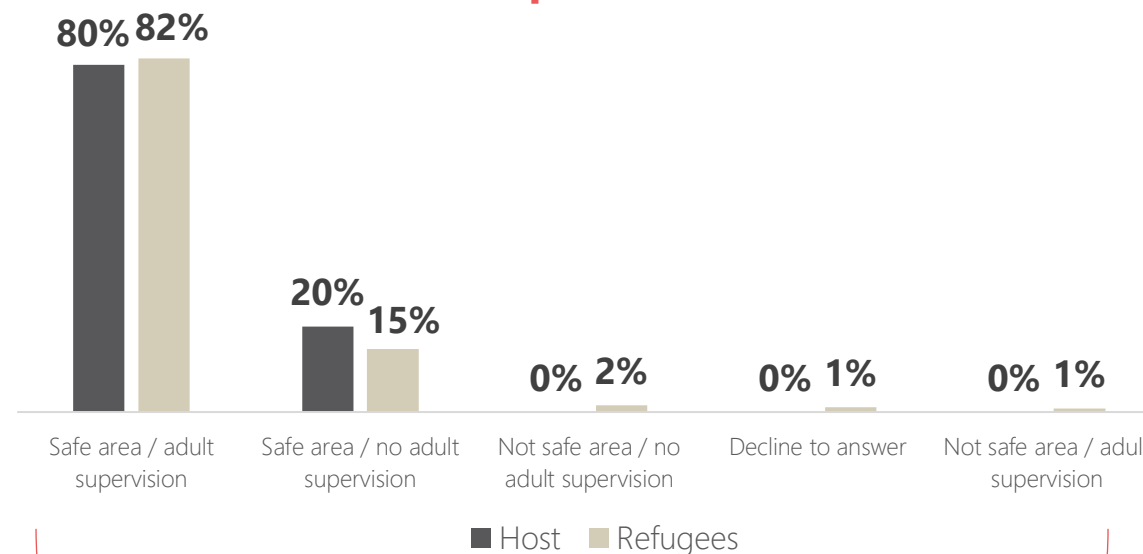


Refugees



■ Never ■ Once a month ■ Twice a month ■ More than twice a month ■ Don't Know

Of the households with children who participate at least once a month in community-based child protection programs, % of households reporting they did so in safe spaces and with adult supervision



From subset: 16% of host community and 25% of refugee households reporting that their children participate at least once in the last month in a community-based child protection program.

# Gender-Based Violence (GBV)

**% of female respondents reporting to which service point they would refer a friend to who had faced any form of gender-based violence, by most reported services**

## Host Community

Community-based dispute resolution mechanisms	49%
Health facilities	37%
Law enforcement officials (i.e. police)	29%
Family/relatives/guardians/curator or legal authorized representative	24%
Legal aid service providers	23%

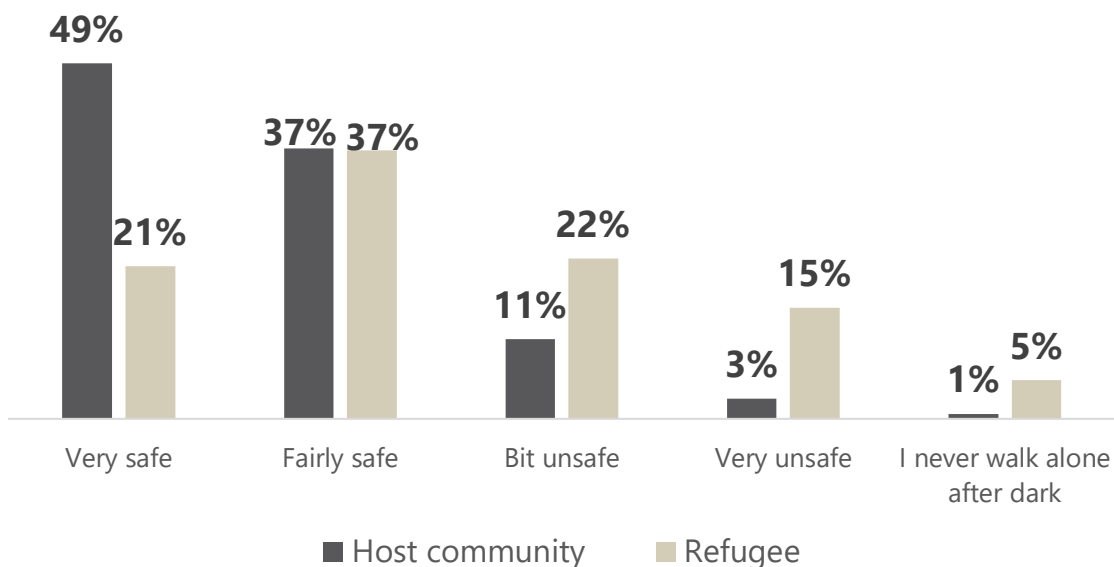
## Refugees

CiC	58%
Majhi	54%
Don't know	15%
Health facilities	14%
Law enforcement officials (i.e. police)	10%
Women-friendly spaces/multi-purpose women centers	10%

The services that were reportedly available and or considered trust-worthy by refugees and host community were very different. However, both groups would recommend a type of community-based services (community-based mechanisms and Majhi).

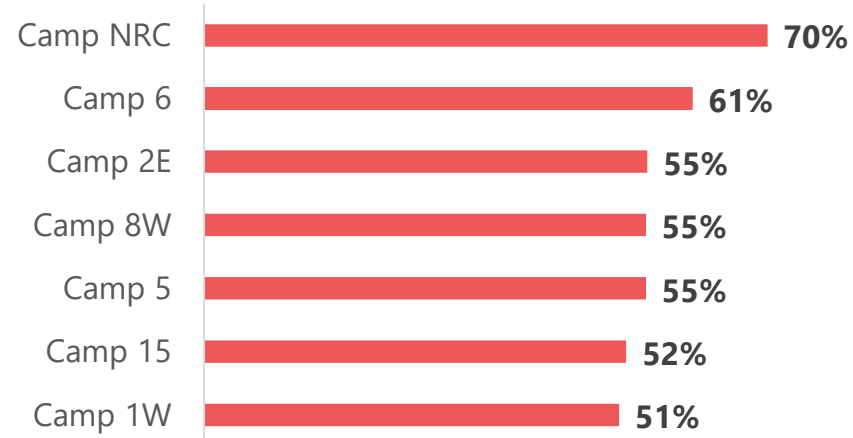
# Feelings of Safety After Dark

**% of households reporting they feel unsafe walking alone at night in their neighborhood/camp**



A few households reported in expenditure paying for guards at night.

A higher proportion of **refugee** households reported feeling a bit unsafe or very unsafe in the following camps:



**Host** households living in the following unions were more likely to report feeling a bit unsafe or very unsafe:

Whykong (27%) Baharchara (25%), Teknaf (25%), and Nhilla (22%).

# Understanding Protection Risks in Communities

## Top 3 most reported protection risks in the area faced by households\*

### Host Community

No issues	67%
Crime and violence	15%
Drugs, alcohol abuse or consumption	12%
Property disputes	10%

### Refugees

No issues	40%
Crime and violence	48%
People joining criminal groups	25%
Restrictions of movement	14%

\* Question allowed multiple choices unless selected "No issues".



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# Barrier Analysis in Protection Services Accessibility

**% of respondents reporting challenges that members in their community, who wanted to report a safety or security incident, or access protection services, faced when doing so in the 12 months prior to data collection, by type of barrier\***

	Host Community	Refugee
Did not face any issue	88%	80%
Problem was not resolved to household's satisfaction	4%	6%
Do not know where to report	2%	5%
Don't know	4%	4%
Do not understand the process	2%	3%
Lack of privacy at facility/overcrowding	0%	3%
Older persons faced challenges reporting/accessing protection services, or were not able to	0%	2%
Females faced challenges reporting/accessing protection services, or were not able to	0%	2%

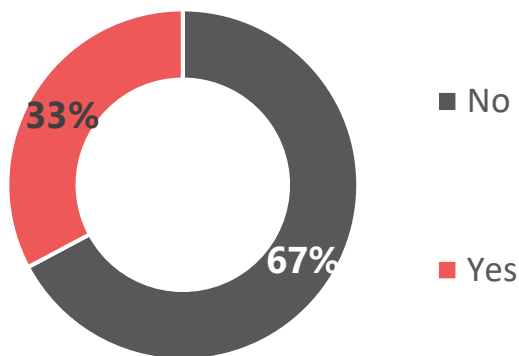
*Disclaimer: this indicator is based on the respondent's perception of challenges in their community and do not reflect the experience of people reporting protection issues, or to what extent they face issues and types of issues.*

*\* Question allowed multiple choices unless selected "No issues" or "Don't know"*

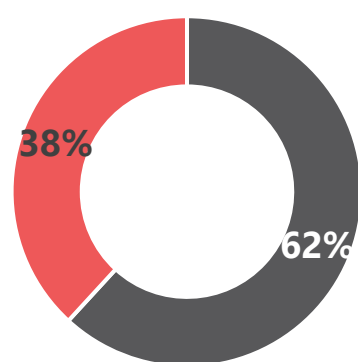
# Psychosocial Distress

**% of households reporting a household member showed signs of psychosocial distress or trauma**

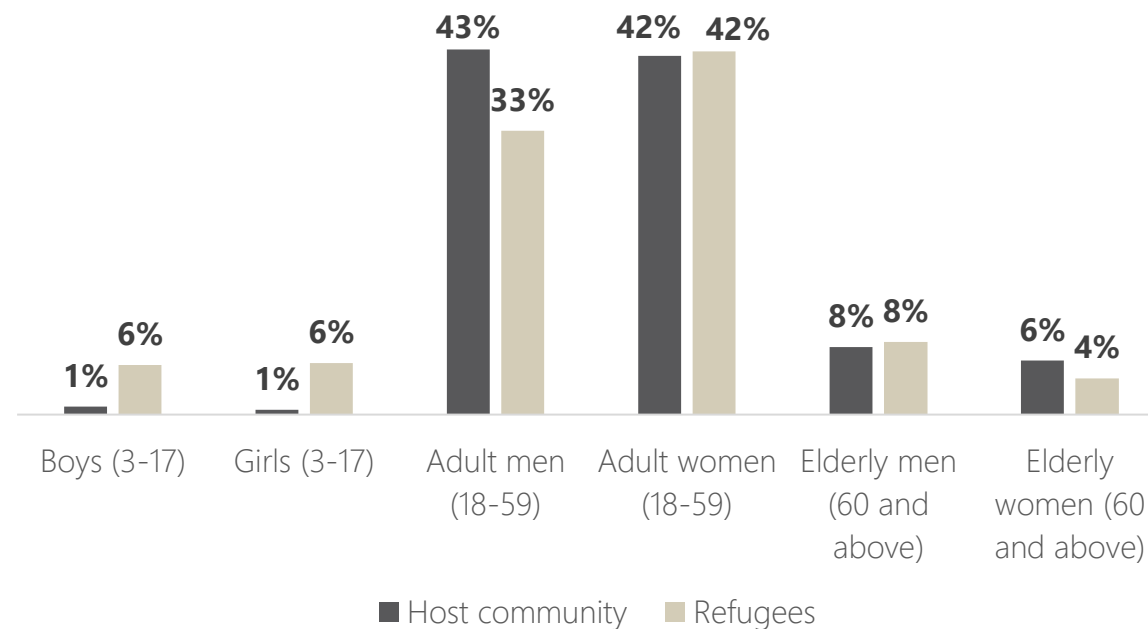
**Host Community**



**Refugees**

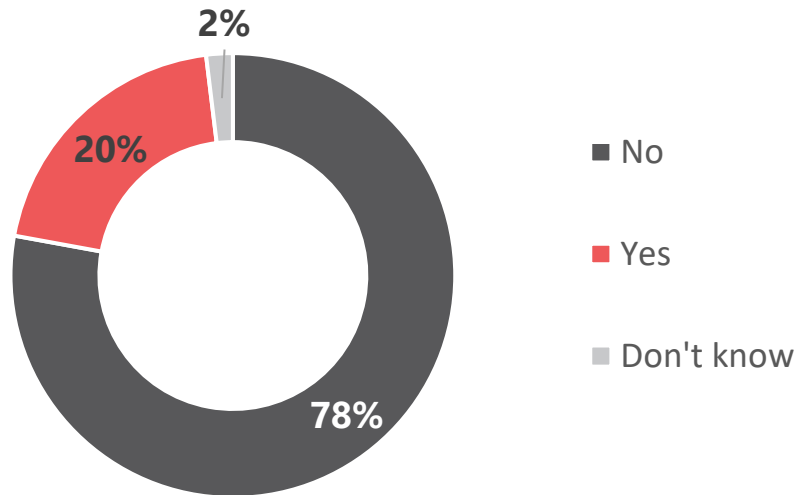


**Age and gender breakdown of those household members who reportedly showed signs of distress:**

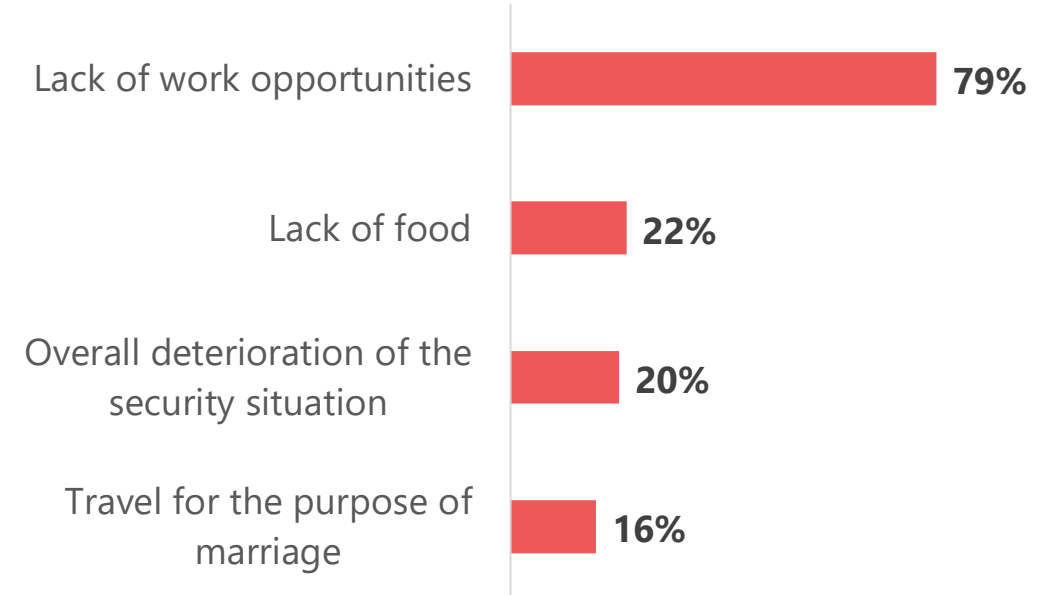


# Understanding Refugees' Migration

**% of respondents who know someone who migrated outside the camp**



**% of respondents who know someone who migrated outside the camp, by reason\***



\* Question allowed multiple choices unless selected "No issues".

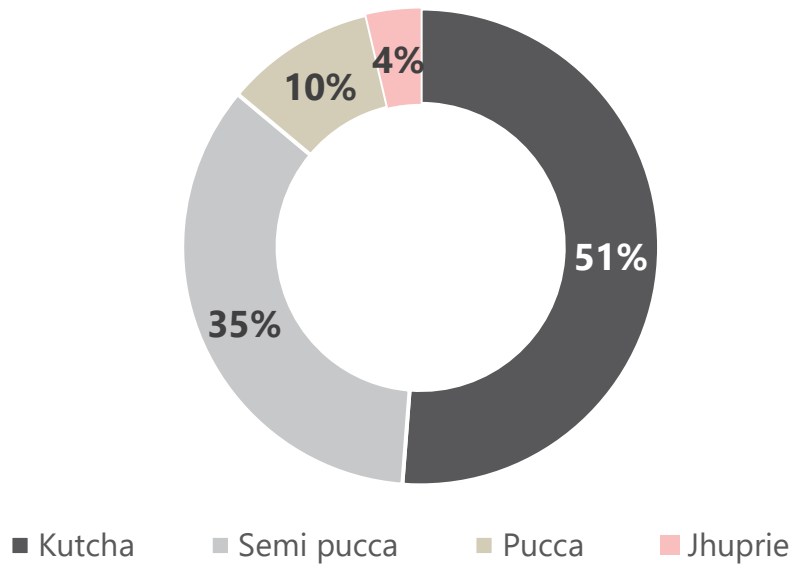
A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected triangles. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia.

**07**

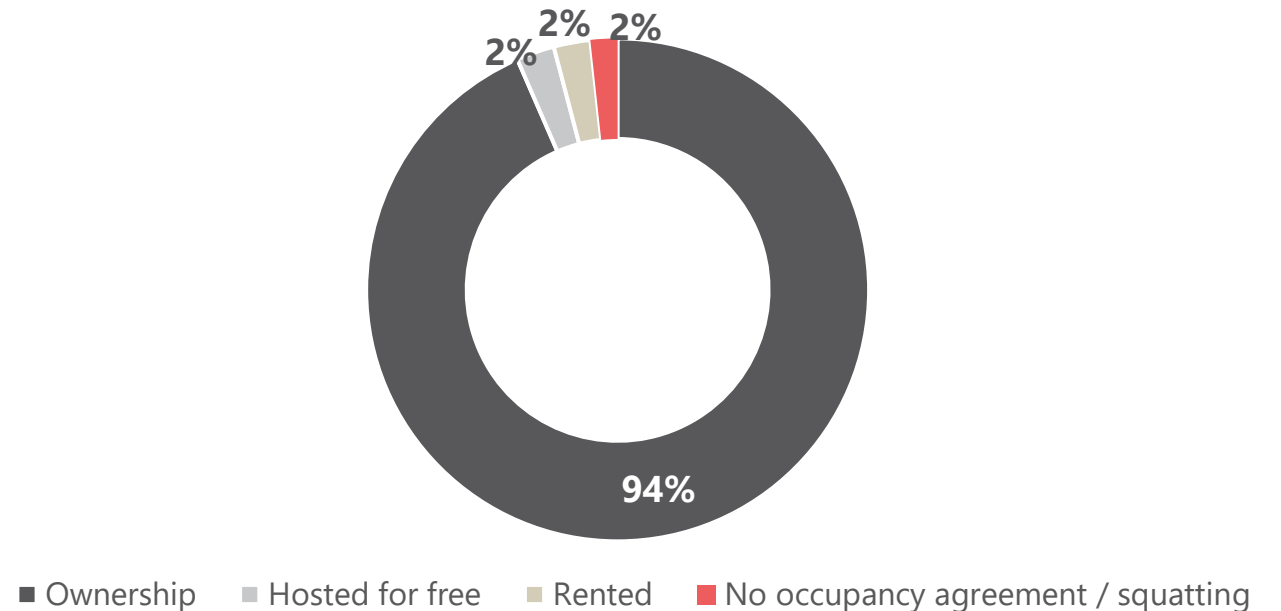
# **Shelter, NFIs & Site Management (S/CCCM)**

# Host community Shelter Ownership

% of households reporting the type of shelter they live in



% of households reporting their occupancy agreement

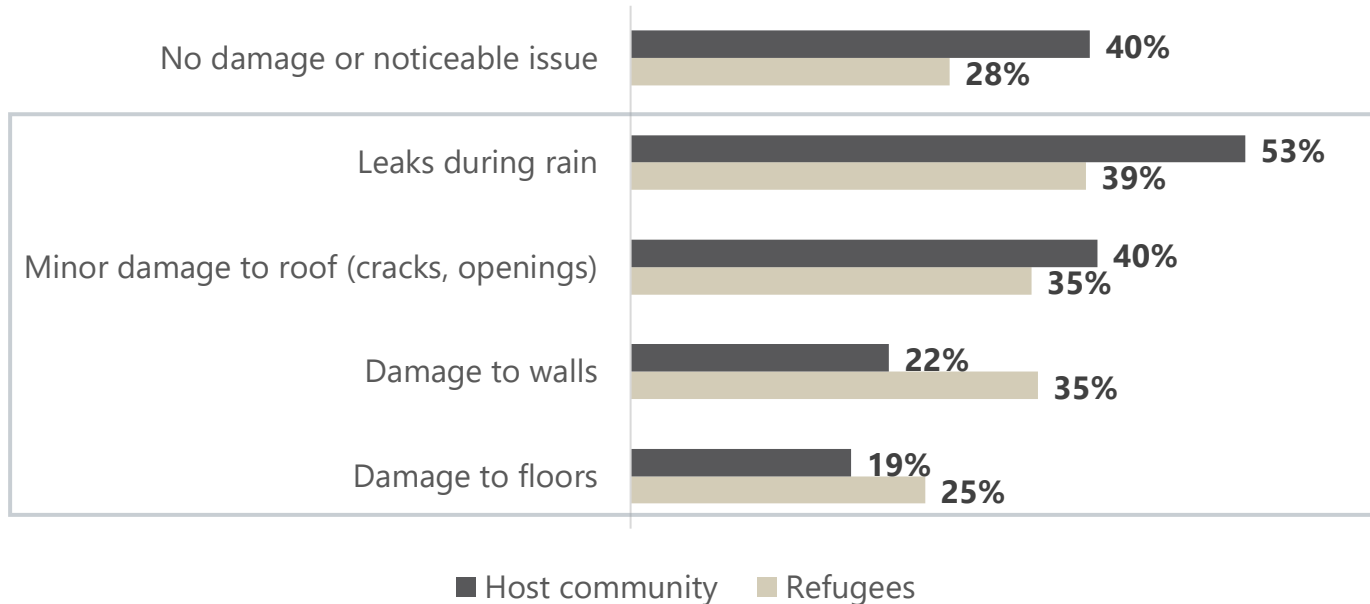


Although the majority of households own their shelters, Kutcha and Jhuprie are shelter types made with more fragile materials:

Jhuprie	Shelter made of earth, bamboo, wood, and corrugated iron (CGI) sheets or thatch as roofs
Kutcha	Shelter made of branches, bags, tarpaulin, jute, etc

# Shelter Safety & Dignity

## % of households reporting issues with their shelter



The camps with the **highest** % of households reporting shelter issues were Camp 18 (85%), Camp 7 (82%), and Camp 2W (80%).

The unions with the **highest** % of households reporting shelter issues were Ratna Palong (70%), Sabrang (66%), and Palong Khali (65%).

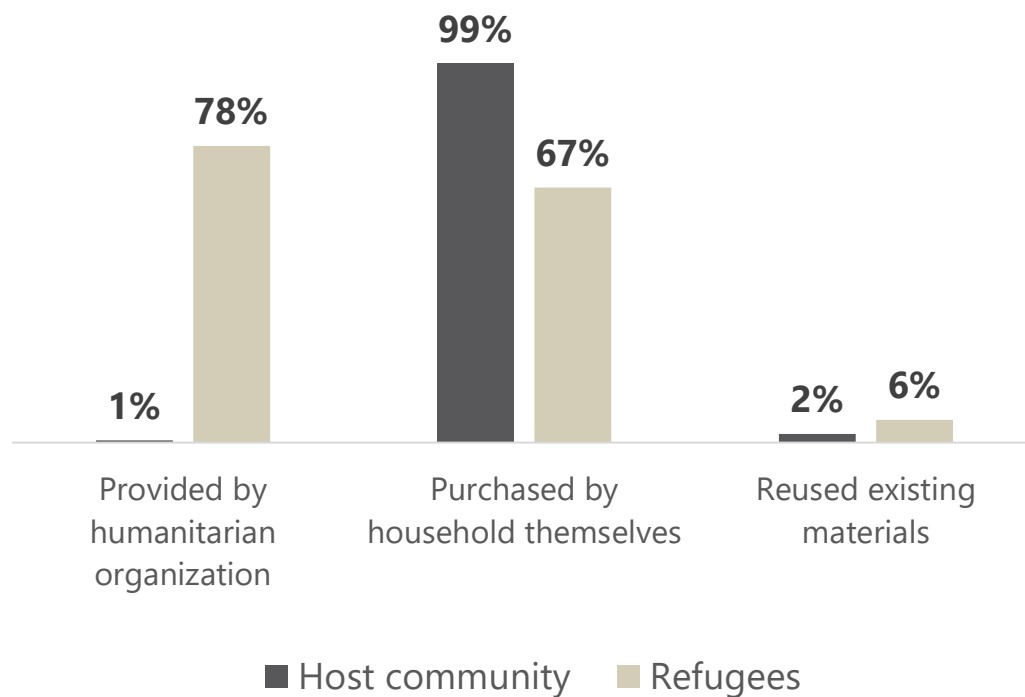
*\*Question allowed multiple choice unless selected "No damage".*



# Shelter Improvement & Assistance

**56%** of **host community** and **59%** of **refugee** households reported having improved their shelter in the 12 months prior data collection

**Of the households reporting having improved their shelter, % of households reporting how they obtained the materials\***



Of the **41%** of **refugee** households not improving their shelters, the majority reported not improving it due to lack of humanitarian support (**60%**) or insufficient support (**34%**).

- Refugee households in camps **20** (**59%**), **18** (**58%**), **8W** (**56%**), and **4** (**55%**) were some of the most commonly reporting not improving their shelters for those reasons

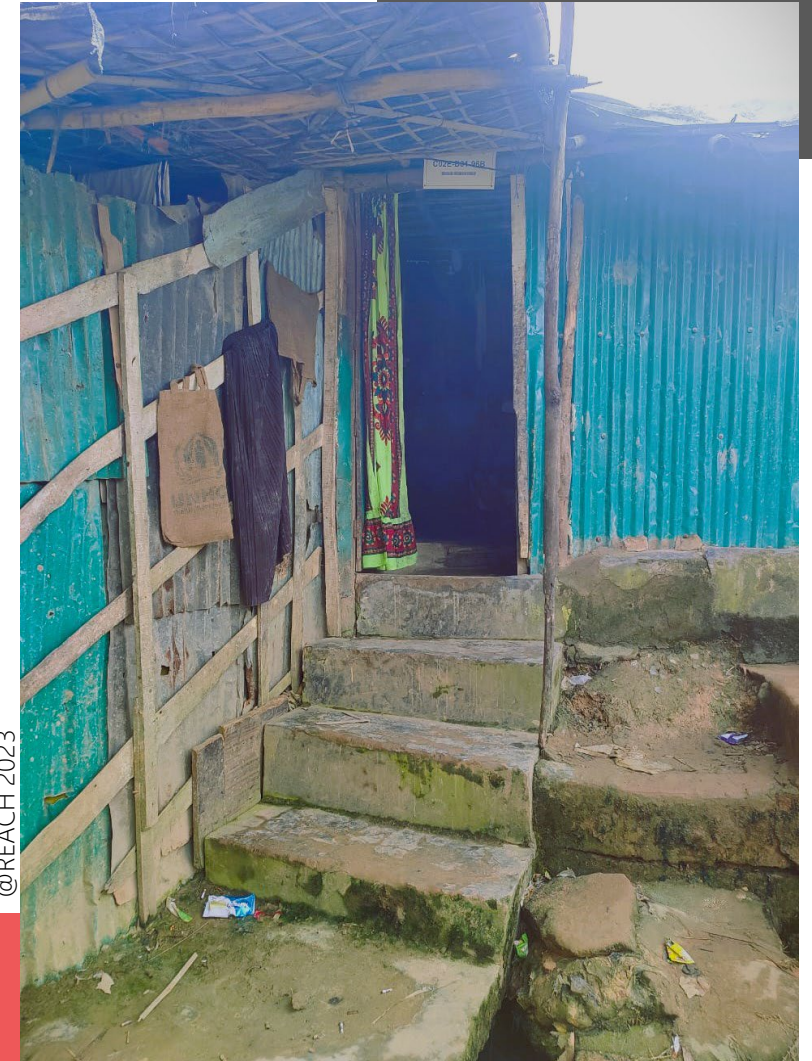
Of the **44%** of **host community** households not improving their shelters, the majority reported not improving it due to it not being needed (**45%**) or lacking funds (**43%**).

*\*Question allowed multiple choices.*

# Functional Domestic Space

## % of Households living in a functional domestic space\*

	Can do / functional, without any issues	Can do / functional, with issues	No, can't do / not functional
% of households living in a functional domestic space for cooking			
Refugees	67%	30%	3%
Host community	51%	47%	2%
% of households living in a functional domestic space for sleeping			
Refugees	65%	35%	1%
Host community	66%	34%	0%
% of households living in a functional domestic space for storing food			
Refugees	88%	12%	0%
Host community	89%	11%	0%
% of households living in a functional domestic space for electricity			
Refugees	0%	62%	32%
Host community	58%	38%	4%



\*Question allowed multiple choices.

# Reasons shelter is not functional

## Host Community

## Refugees

### Households' reported top reasons why their shelter is not fully functional for sleeping\*

87%

Rain water leaking in the sleeping area

69%

Rain water leaking in the sleeping area

42%

Insufficient space

### Households' reported top reasons why their shelter is not fully functional for cooking\*

93%

Rain water leaking in the kitchen area

66%

Rain water leaking in the kitchen area

34%

Lack of access to cooking facilities

### Households' reported top reasons why their shelter is not fully functional for electricity\*

90%

Intermittent and insufficient

66%

Intermittent and insufficient

35%

No electricity and no solar lamp

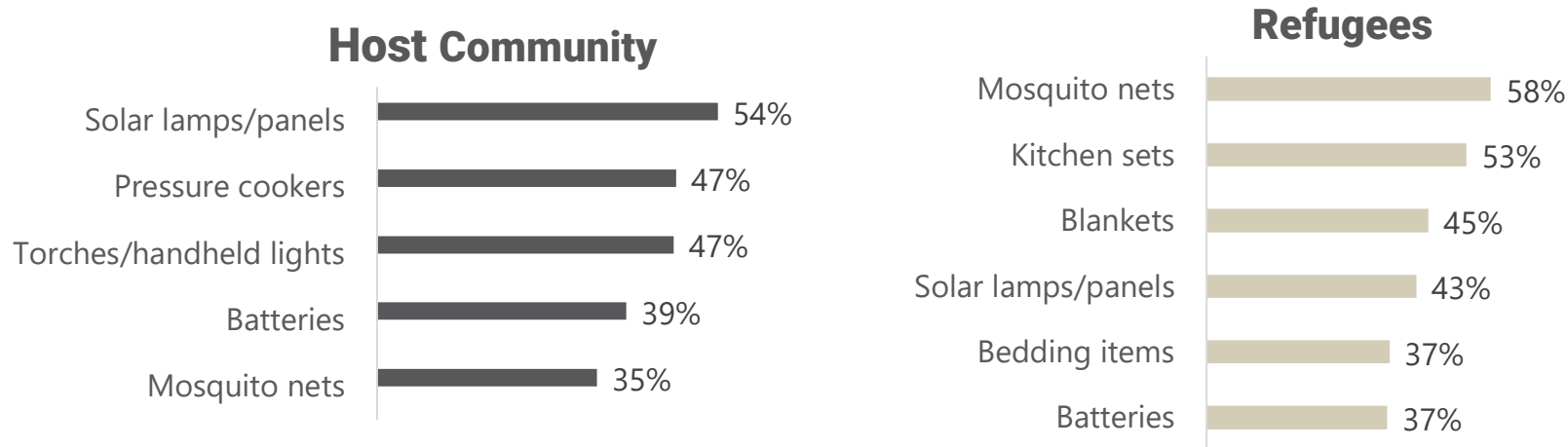


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\*Question allowed multiple choices.

# Lighting & NFIs needs

## % of refugee households reporting NFI needs, by type\*



Only **7%** of host households and **6%** of refugee households reported not having NFI needs

**100%** of **host community** and **97%** of **refugee** households reported having energy to ensure lighting:

- While the majority of host community households reportedly used electrical grid for lighting (**95%**), refugee households reportedly mostly used:

**69%**

Solar home system

**11%**

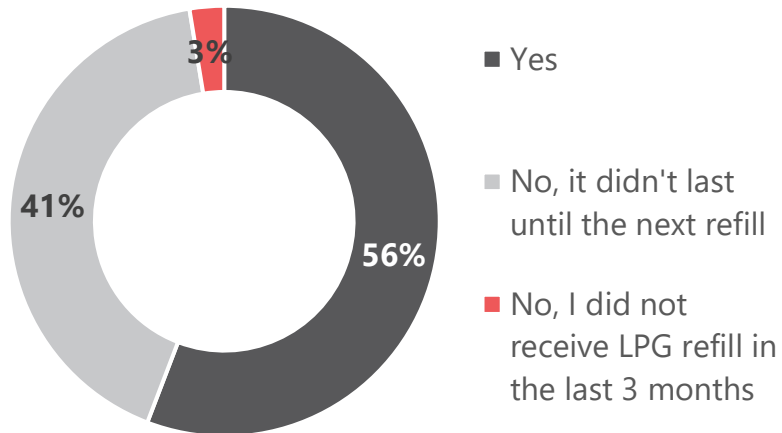
Solar-powered lantern or flashlight

**9%**

Electricity (including solar mini-grids)

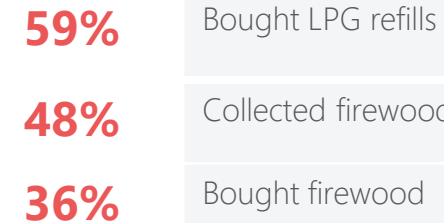
# Cooking Fuel Insights

## % of refugee households whether their last LPG refill lasted 3 months

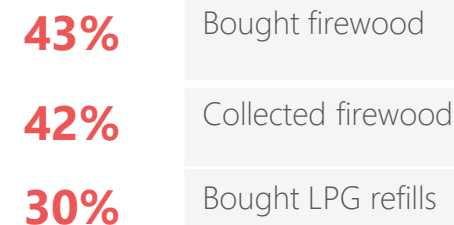


The camps where households reported more often that their LPG refills did not last were: Camp NYA (59%), 2E (51%), 20E (50%), and 2W (50%).

## % of host community households reporting types of fuel used for cooking in the 4 weeks prior to data collection\*



## % of refugee households reporting alternative types of fuel used for cooking when LPG refills were insufficient or did not receive them\*



\*Question allowed multiple choices.

A light gray world map is centered in the background, overlaid with a subtle geometric pattern of thin lines forming various sized triangles. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia.

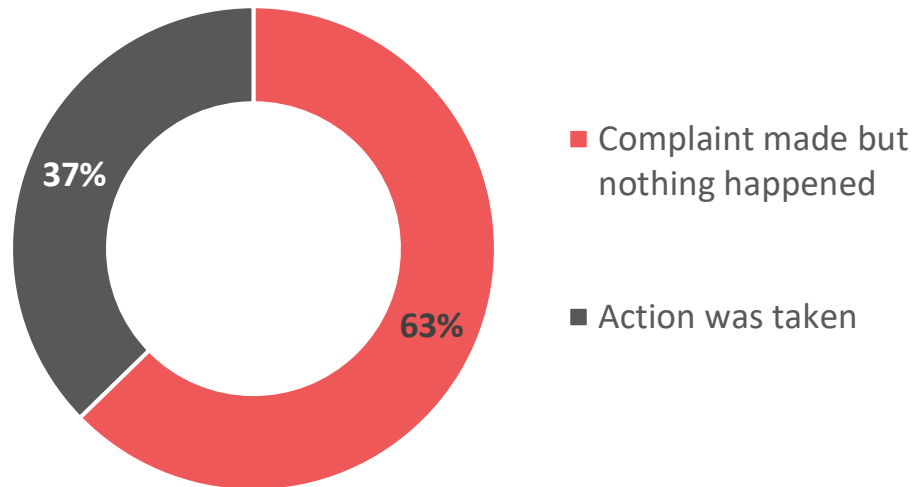
**08**

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

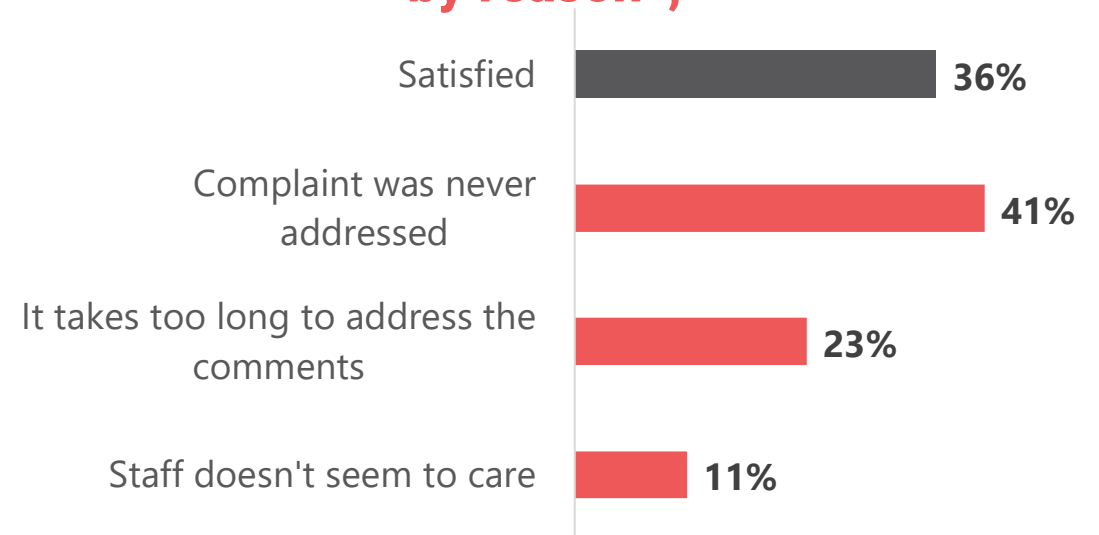
# Access to Complaints Mechanisms

**52%** of **refugee** households reported being **aware of feedback and complaint mechanisms** to reach aid providers about community needs, assistance received, problems with assistance, reporting,  
Of which, **22%** of households reported having **made a complaint**:

**% of households reporting the outcome of the complaint\*\***



**% of households reporting their satisfaction, by reason\*, \*\***



*\*Question allowed multiple choices unless selected "satisfied". \*\*Findings from a subset of a subset are have a larger margin of error and lower confidence level.*

# Drinking water sources

## % of Households by type of Primary Source of Drinking Water

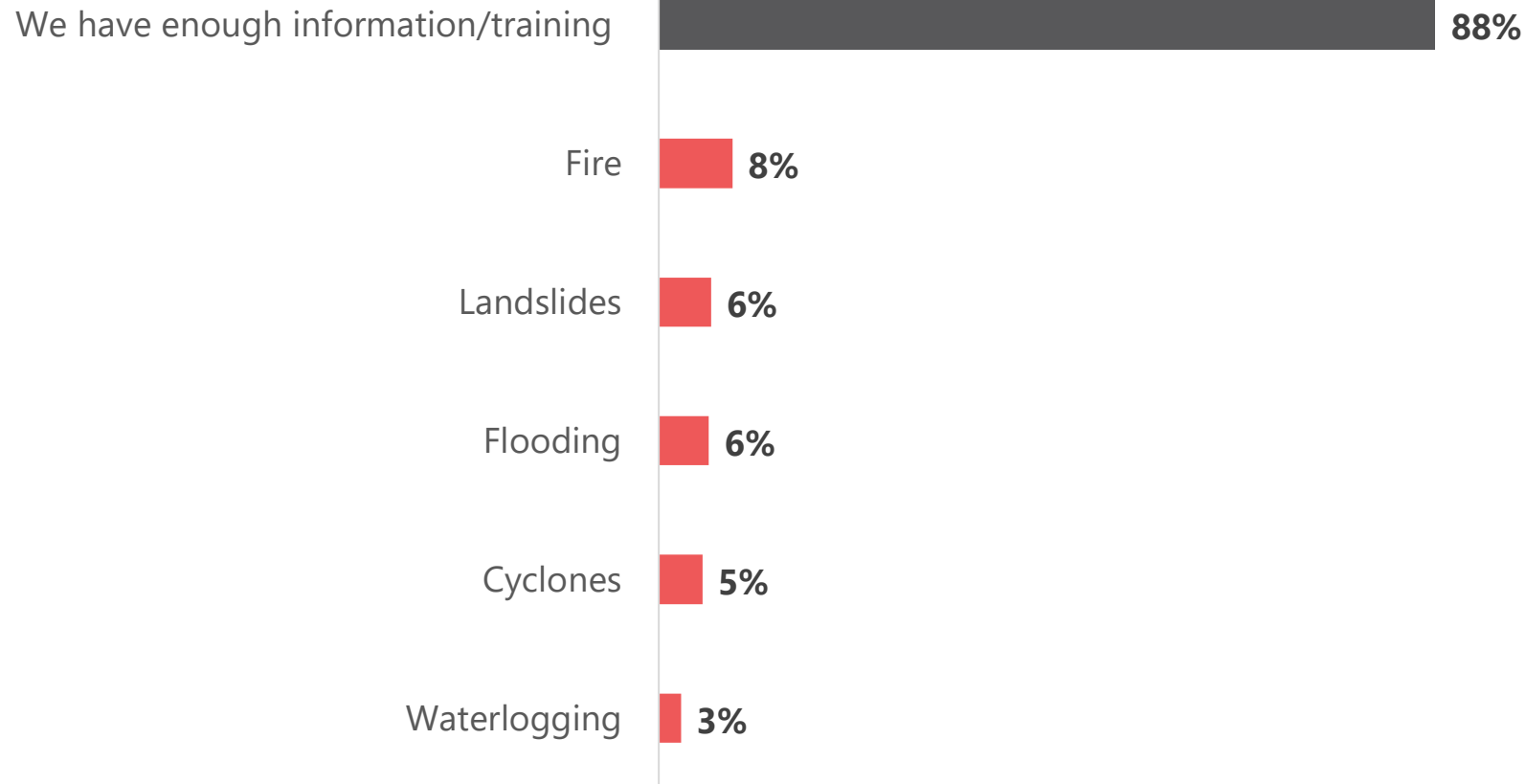
	Host community	Refugees
Tubewell with hand-pump	38%	29%
Piped into dwelling	27%	4%
Shallow tubewell	13%	0%
Piped to neighbour	10%	3%
Deep tubewell	6%	2%
Piped into compound, yard or plot	4%	2%
Public tap/standpipe	1%	58%

Some refugee households reported using water sources from the host community.



# Hazard Information & Training Needs

**% of refugee households reporting having enough/insufficient information from humanitarian agencies on what to do in case of natural hazard such as fire, landslides, waterlogging, cyclones...:\***

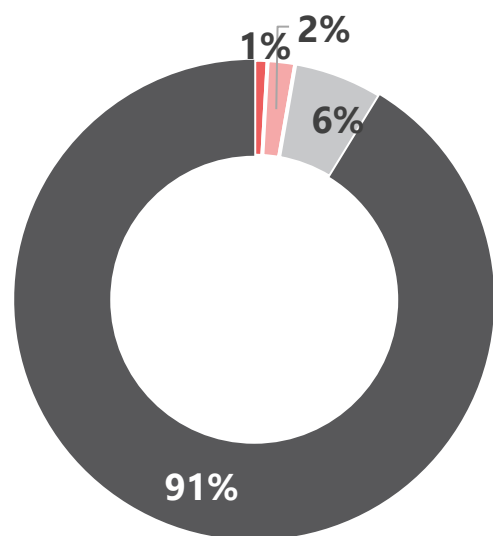


*\*Question allowed multiple choices.*

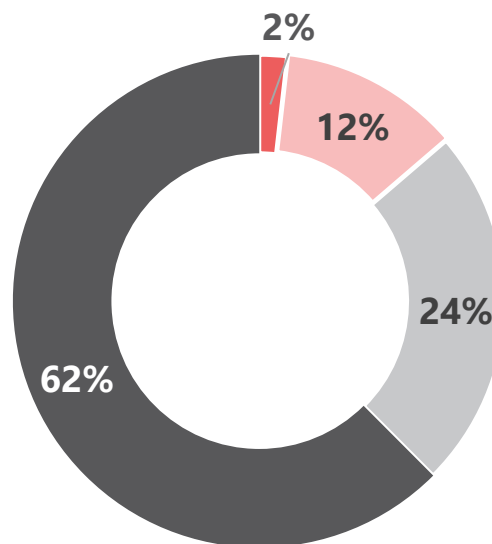
# Access to Sufficient Water

**% of households frequently worrying they would not have enough water for their household needs over the 4 weeks prior data collection**

**Host Community**



**Refugees**



■ Often (11-20 times) ■ Sometimes (3-10 times) ■ Rarely (1-2 times) ■ Never (0 times)

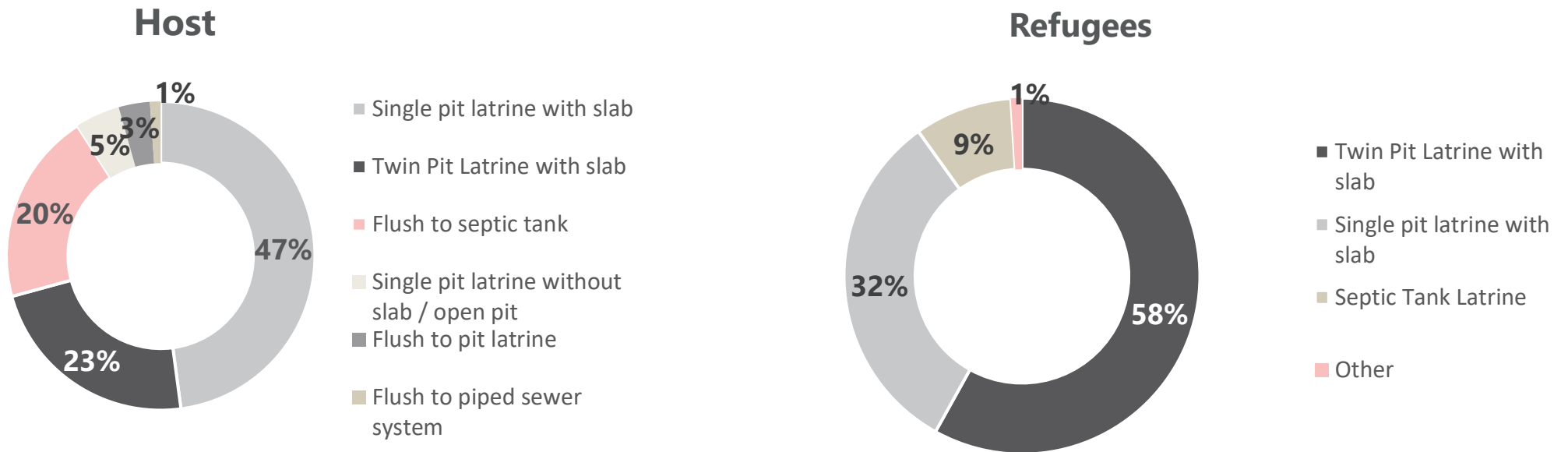
Similar findings were found of the frequency households reported worrying that there would be not enough water for drinking.

Refugee households reported collecting a mean of **12 litres of water** per person the day before the survey, but there was great variability between camps, for example:

- Camp 20Ext: **8L**
- Camp 12: **9L**
- vs
- Camp 25: **36L**
- Camp 27: **21L**

# Latrine and Hygiene Access Insights

## % of households using a sanitation facility, by type of sanitation facility used

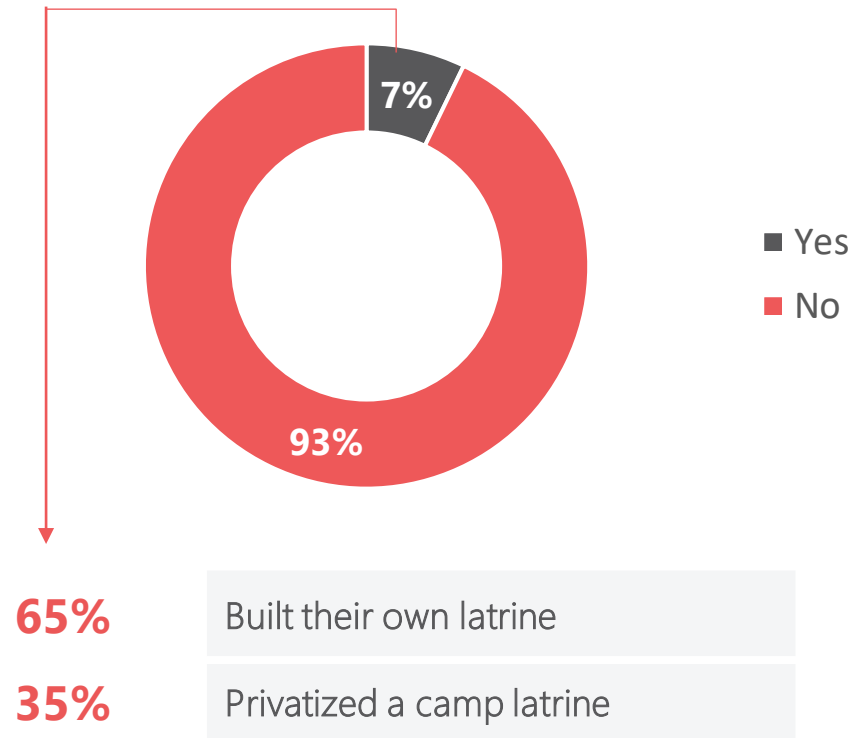


- 5% of host community households reportedly used unimproved latrine facilities (single pit latrines without slab)
- 12% of host community households reported sharing their latrine facilities with other households
- 6% of refugee households reported not sharing their latrine facilities

\* Improved toilet facilities are those designed to hygienically separate excreta from human contact.  
More information available here. <https://washdata.org/monitoring/methods/facility-types>

# Latrine and Hygiene Access Insights: Camps

% of refugee households reporting having their own private latrine

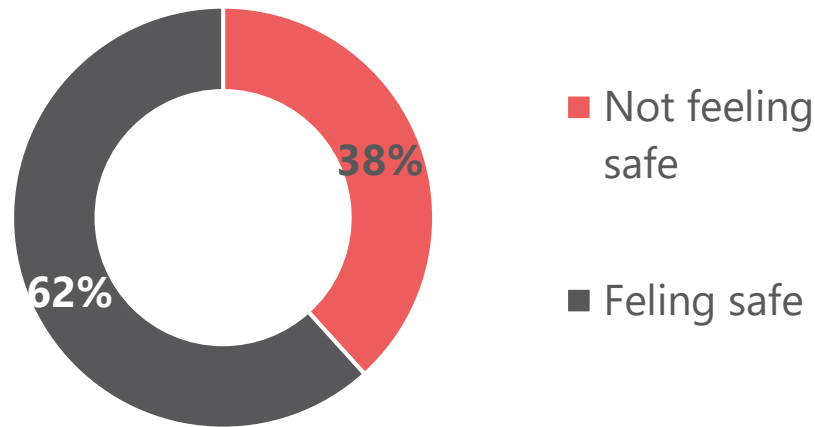


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# Latrine Access & Safety in Camps

**% of refugee households with female family members feeling safe using the communal latrine at night/evening**



Female respondents were more likely to report that women in their household feel unsafe at night using the latrines (42%) compared to male respondents (35%).

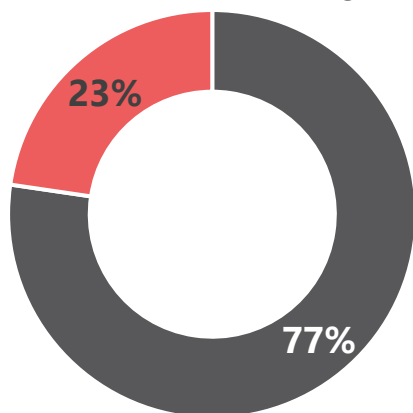
Camps where more often women were reported to feel unsafe using latrines at night:

- Camp 5 (60%),
- 17 (58%),
- 6 (52%),
- NYA (50%).

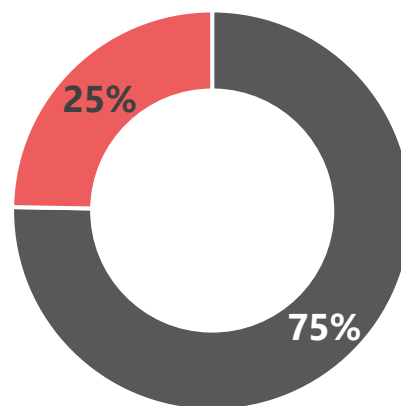
# Hygiene: Handwashing

## % of households with access to functioning handwashing facilities\*

Host Community



Refugees



■ Fixed or mobile handwashing place

■ No handwashing place

Of the refugee households reporting they can afford fewer items at the time of data collection than last year (91%), 27% reported they can afford fewer hygiene items.

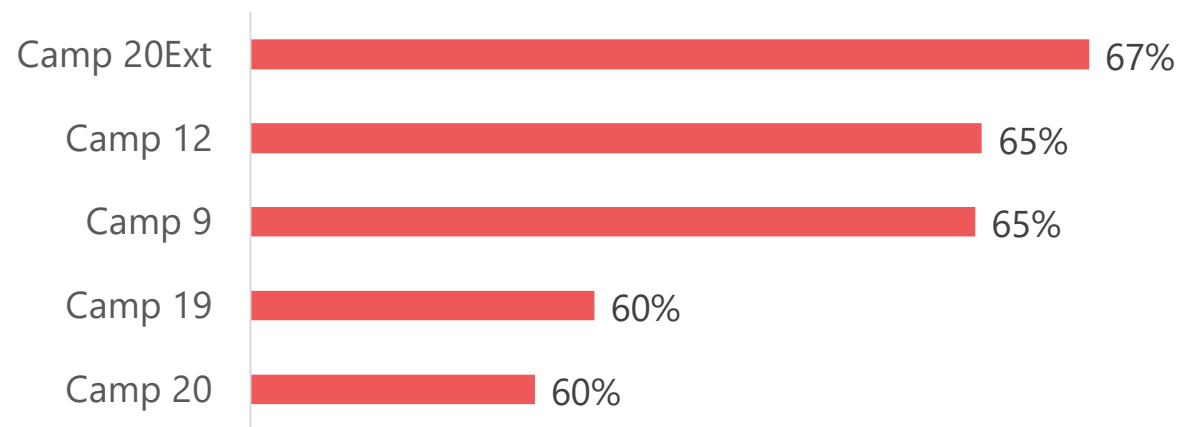
Of those who reported a handwashing place, the majority of refugee households had access to mobile (39%), fixed to the dwelling (39%) or plot (17%) wash facilities.

In the majority of cases, water (98%) and soap (90%) were reportedly available.

# Hygiene: Menstrual Kit

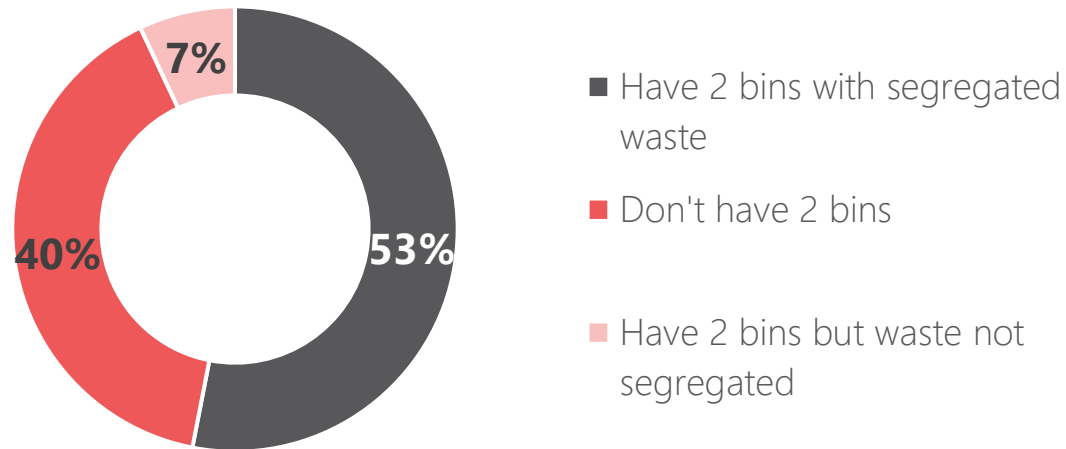
37% of female refugee respondents reported not having received their menstrual kit at least one-time over the 6 months prior to data collection.

The camps with the largest proportion of female respondents reporting not receiving their menstrual kit were:



# Refugee Households' Waste Management

## % of households segregating waste



71% of respondents gave permission to the enumerators to directly observe the bins, of which the majority (70%) had 2 bins and were segregating the waste.

Of those who did not give permission (29%), the majority (88%) reported not having two bins to segregate waste.

Although these findings are largely observational, findings for those based on the respondents' reports when they did not give permission could mean that households either did not have 2 bins or had 2 bins but waste was not segregated.

A light gray world map is centered in the background, overlaid with a network of thin gray lines forming a triangular mesh. The number '08' is printed in a bold, red, sans-serif font, positioned in the upper-middle section of the map, specifically over the European continent.

08

# Key takeaways

# Key takeaways

**Humanitarian assistance:** 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%).

**Education:** Refugee adolescent girls were less likely to be enrolled and to attend education (only 20%), reasons were likely cultural. Refugee adolescent boys would often attend Madrasas as an alternative.

## **FS, LSDS & Cash and Markets:**

- Refugee households were more likely to report barriers to income opportunities (72%) compared to host community households (36%). The main reason reported by the refugee households is that **there are no income opportunities available in their area**.
- The most reported priority was **food**, which is also reportedly the less affordable necessity compared to last year, and the main reason to resort to coping strategies. In the 2023 MSNA, **food was mentioned as a much higher priority compared to the 2021 MSNA**.



# Key takeaways

## Healthcare:

- **'To cover health expenses'** was the second most commonly reported reason why refugee (66%) and host community (73%) used coping strategies.
- Nearly a half of children under 2 years of age (41% refugees and 38% host community) were **delivered at home by a person without medical training**. The most reported birth facility for refugee children was in NGO clinics (46%).
- The majority of respondents needing healthcare were able to obtain it for both population groups, still many reported barriers. For those reporting challenges to access to healthcare (51% host community, 68% refugee households), they reported for host community the **costs of services** (29%) and **distance to facilities** (20%); for refugees **services were overcrowded** (45%) or **treatment unavailable** (36%).

## Protection:

- For both population groups, **3% of children were reportedly participating in the family income, mostly boys**. In terms of child marriage, it was more common for refugee children (2%) than host community (0.3%).
- In terms of GBV services, refugee female respondents and host community female respondents recommended different services but mostly community-based.
- Concerns with protection risks were much higher for refugee (60%) households than host community (33%), refugee households being highly concerned **over crime and violence** (48%) and **people joining criminal groups** (25%).
- **A third of households** (33% of host and 38% of refugees) reported that **one or more of their household members showed signs of psychosocial distress**, mostly adult men and women (18-59 y.o.).

# Key takeaways

## SCCCM:

- **Both population groups reported having issues with their shelter** (72% of refugees and 60% of host community). Over half of them (56% of host community and 59% of refugees) reported having improved their shelter over the 12 months prior to data collection.
- **Only half of refugee households were reportedly aware of a feedback and complaint mechanism** to reach aid providers. Two thirds of those who reportedly made complaints reported that nothing happened.
- The majority of households indicated that **aid providers had provided enough information on what to do in case of natural hazard**.

## WASH:

- Overall, **households seemed to have enough water for all purposes**, but a third of refugees reported that they would worry rarely or sometimes over the 4 weeks about not having enough water.
- **Nearly a quarter of households** (23% of host community and 25% of refugees) **did not have a functional handwashing facility**.
- In the camps, over a third of households reported that **women in their households did not feel safe in using the latrines at night**. This might be partly the reason why 7% had built or privatized latrines.



# Q&A

# Thank you for your attention



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