

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 Teknaf Sadar union. A household survey was conducted using a stratified random sample to produce results for Teknaf Sadar where 266 households, that comprised of 1,503 individuals, were surveyed. The results are generalisable to 95% confidence level and 6% margin of error for Teknaf Sadar. 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.



Population³

Households - 8,467 Individuals - 47,708

Demographics

36.8 Average age of respondent

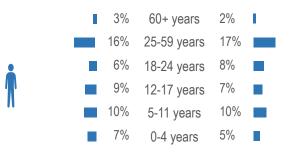
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56% female respondents

5.6 Average household size

44% male respondents

Composition of surveyed households



30% of households with pregnant or lactating women

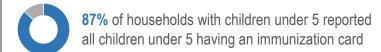


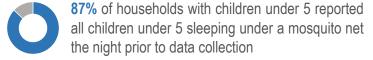




25% of households with at least one person with a disability or chronic illness

🏶 Health





- As reported by UNHCR in the population data and key demographical indicators (31 Dec 2018)
 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).

 2. As reported by Pagaladesh Pyropy of Statistics in "District Statistics 2011 Cov's Pagar" Sec







16% 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



39% of households reported facing challenges in accessing medical clinics

% of households reporting facing challenges in accessing medical clinics, by challenges⁴

Services are too far	33%	
Services are too expensive	19%	
Services are overcrowded	9%	
Required treatment unavailable	5%	



17% 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, **95%** individuals sought treatment for the illness⁵

Of individuals who sought treatment, % accessing different treatment sources⁶

Male 1			Fer	nale
42 %	Private clininc	0	Private clininc	46%
39%	Government clinic	2	Pharmacy	37%
29%	Pharmacy		Government clinic	27%



84% of households did not seek health services from facilities built in response to the Rohingya influx in 2017

Of 84% households not using facilities built for Rohingya influx, % reporting reasons for non-use⁷

Don't know about these services	48%
Prefer the services that already exist	37%
Services are too far	29%
Services are not available to host community	10%

Education

% of individuals, by highest grade achieved

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



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



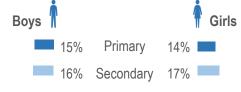
% of children and youth reported to be attending formal education during the 2018 academic year⁸



% of children and youth reported to be attending nonformal education during the 2018 academic year⁹



% of households reporting barriers accessing primary and secondary education for boys and girls¹⁰



- 4. Four most common challenges accessing medical clinics are shown, and respondents could select more than one option.
- 5. Sample size male (n=126) and female (n=171)
- 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.
- 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 barrier¹¹

	Primary		Secondary	
	Boys	Girls	Boys	Girls
Facilities are too far	11%	12%	10%	13%
Services are too expensive	4%	4%	11%	10%
Safety concerns at or on the way to facilities	8%	11%	6%	11%



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



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



15% of households with children aged 5-11 reported receiving aid distribution from formal schools in the 6 months prior to data collection



14% of households with children aged 12-17 reported receiving aid distribution from formal schools in the 6 months prior to data collection

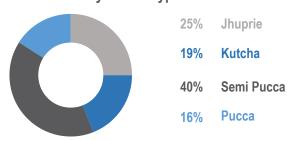
% of households reporting receiving aid distributions from formal schools in the 6 months prior to data collection, by type of distribution received¹²

Aid	Aged 5-11	Aged 12-17
Health and Hygiene/WASH kit	1%	0%
Winterization kit	5%	9%
School supply	12%	11%



Shelter & Non-Food Items

% of households by shelter type¹³



% of households reporting use of different fuels as their primary fuel for cooking¹⁴

Firewood	71%
LPG/gas cylinder	27%
Dried leaves/hay	2%



77% 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 collection¹⁵

More than 6 hours	79%
Less than 6 hours	21%



11% of households reported receiving training on how to protect their shelter from strong wind/cyclone.



9% of households reported receiving training on how to protect their shelter from flood

% of households reporting the NFIs most urgently needed for their shelter¹⁶

Blanket	49%	
Cooking stove	48%	
Kitchen set	42%	
Solar lamp	33%	
Mosquito net	15%	

- 11. Three most common education barriers are shown, and respondents could select more than one option. Sample size aged 5-11 boys (n=119) and girls (n=121) and aged 12-17 boys (n=119) and girls (n=106)
- 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=38) and children aged 12-17 (n=59)
- 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.
 - Kutcha (temporary): made of mud, bamboo, wood and corrugated iron sheets (CIS) as roofs.
 - 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 77% 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.







20% 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	94%	
No, I do not own the land	4%	I .
Land is co-owned	2%	T. Control of



Of households who reported ownership of their plot of land or house, **85%** reported holding the deed to it

% of households who reported renting or being hosted on their plot of land or house¹⁷

Renting	1%	1
Hosted	3%	



WASH

▲ Water

% of households with access to improved drinking water sources

Primary drinking water sources	
✓ Improved water sources	98%
Piped water tap/ tapstand into settlement site	14%
Tubewells/borehole/handpump	80%
Protected dug well	4%
✗ Unimproved water sources	2%
Surface water (river, dam, lake, pond, stream, canal)	2%

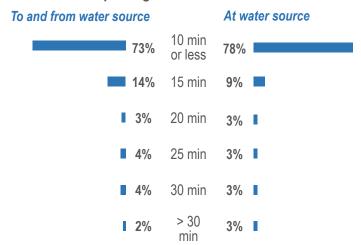
Of households reporting access to an improved drinking water source, % that reported different levels of reliability on availability of water¹⁸

Always/year-round	88%	
Intermittently (predictable)	11%	
Intermittently (unpredictable)	1%	1



84% 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





22% of households reported having problems collecting water

% of households reporting problems collecting water, by problem¹⁹

0	Water source is too far	17%
2	Water tastes bad	5%
3	The source is only available certain times of	5%



the day

17% of households reported treating water before drinking

% of households reporting use of different water treatment practices²⁰

Household filters	9%
Cloth filters	8%
Aquatabs	2%

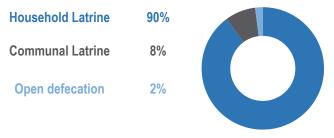
- 17. This guestion was asked to households that reported not owning land.
- 18. This question was asked only to the 98% respondents who reported improved sources of water as their primary water source.
- 19. Three most common problems of collecting water are shown, and respondents could select more than one option.
- Three most common water treatment methods are shown, and respondent could select more than one option.





Sanitation

% of households by reported usual defecation location





22% of households reported facing problems accessing latrines

% of households reporting problems accessing latrines, by problem²¹

0	Latrine is not safe	10%
2	Latrine is not clean	9%
3	Latrine is not private	7%

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 collection²²

Trash/ solid waste	45%	
Stagnant water	23%	
Human faeces	21%	

🦫 Hygiene



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

% of households where respondent named different handwashing times²³

Critical times	
After defecation	95%
Before eating	94%
Before cooking	53%
Before feeding children	20%
After cleaning a child's bottom	17%



29% of households reported women facing problems with accessing menstrual hygiene materials²⁴

% of households reporting problems accessing menstrual hygiene material, by problem^{23,24}

Too expensive	23%	
Other needs are prioritized	17%	
Not enough available in market	5%	
Preferred type not available	5%	

Food Security and Livelihood

% of households reporting primary food source

Market	93%	
Own production	6%	
Other	1%	

% of households falling into different food consumption groups based on household Food Consumption Score²⁵

Acceptable	63%
Borderline	30%
Poor	8%

- 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
- 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 9 (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	77%
Borrow food, or rely on help from a friend or relative	39%
Limit portion size at mealtimes	32%
Reduce number of meals eaten in a day	23%
Restrict consumption by adults in order for small children to eat	22%

% of households reporting the three main sources of income sustaining their household in the 30 days prior to data collection²⁸

Small business	29%
Skilled wage labour	26%
Fishing	19%
Remittances from abroad	16%
Agricultural/fishing casual labour	15%

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

Significantly improved	6%
Somewhat improved	25%
Not changed	31%
Somewhat deteriorated	30%
Significantly deteriorated	8%

% of households reporting changes in cost of living in the 12 months prior to data collection

Not changed 17% Somewhat decreased 4%	Significantly increased	25%
Somewhat decreased 4%	Somewhat increased	53%
	Not changed	17%
Significantly decreased 1%	Somewhat decreased	4%
	Significantly decreased	1%

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Nutrition

% of households where women of reproductive age were reported to have awareness of different sources of support for infant and young child feeding²⁹

Doctors	75%
Older relatives	25%
Midwife/nurse	21%



Protection



32% of females aged 20-25 years were reported to have married before age 18³⁰

% of households reporting the presence of community based protection mechanisms³¹

O	None	59%
2	Safety/Security	20%
B	Education	19%



88% 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	58%	
Once a week	16%	
Everyday	14%	
Once a month	12%	

- 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=35) and female (n=86)
- 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?"



Multi-Sector Needs Assessment - Host Community

Teknaf Sadar Union, Teknaf Upazila, Cox's Bazar, Bangladesh



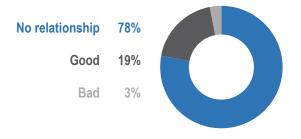
Of households who reported different levels of interaction with Rohingya refugees in the 30 days prior to data collection, % reporting different types of interaction³²



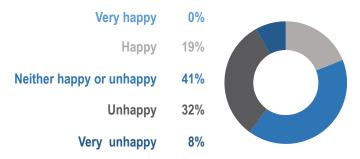
Female respondents



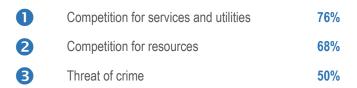
% of households reporting types of relationships with Rohingya refugees



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



Of 40% households who reported being unhappy or very unhappy with the presence of Rohingya refugees in their communities, % who gave different reasons33





Child Protection



19% of households reported the presence of at-risk children³⁴

Children involved in child labour	13%
Children at risk of early marriage ³⁵	6%
Separated children ³⁶	0%
Unaccompanied children ³⁶	0%

% of households reporting the presence of safety risks to boys and girls in their communities³⁷

Ris	k for boy	S		Risk fo	or girls	
	31%	Do not know	0	Risk of sexual abuse/violence	45%	
Ň	26%	Risk of detention	2	Chlid marriage	43%	
	26%	Risk of kidnapping	3	Risk of kidnapping	38%	



43% of households reported the presence of children exhibiting at least one behaviour relating to symptoms of distress in the 30 days prior to data collection³⁸

% of households who report the presence of children exhibiting behaviours that relate to symptoms of distress in the 30 days prior to data collection, by type of behaviour³⁹

0	Headaches	17%
2	Stomach aches	14%
3	Nightmares	11%

- 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
- 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". 57% 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

^{33.} Respondents could select more than one option.





Gender-Based Violence

% of women with final say on specified household

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

Husband/partner	42%	
Respondent and husband/partner jointly	24%	
Decision not made/not applicable	19%	
Respondent	7%	
Respondent and someone else jointly	5%	
Someone else	2%	L

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

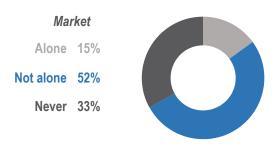
Respondent and husband/partner jointly	46%
Husband/partner	21%
Decision not made/not applicable	20%
Respondent	13%
Respondent and someone else jointly	0%
Someone else	0%

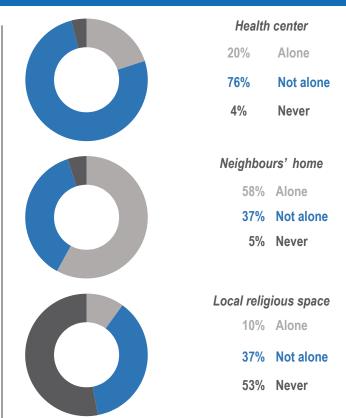
% of women that reported controlling the money needed to buy specified items⁴⁰

-			
Items	Yes	No	Don't buy
Vegetables or fruits	47%	41%	12%
Clothes for yourself	39%	50%	10%
Any kind of medicine for yourself	37%	55%	7%
Toiletries for yourself	39%	50%	11%

Freedom of movement for women⁴⁰

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





% of men with specified attitude on gender roles in family life⁴¹

	Agree	Disagree	Depends
The important decisions in the family should be made only by the men of the family.	56%	39%	6%
If the wife is working outside the home, then the husband should help her with household chores.	77%	18%	6%
A married woman should be allowed to work outside the home if she wants.	17%	75%	8%
The wife has a right to express her opinion even when she disagrees with what her husband is saying.	14%	57%	29%
A wife should tolerate being beaten by her husband in order to keep the family together.	33%	52%	15%
It is better to send a son to school than it is to send a daughter.	18%	81%	2%
Women should have a say in important decisions in the community.	49%	33%	18%

- 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



79% 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 collection⁴²

Face to face conversation	76%
Loudspeaker/megaphone annoucement	36%
Mobile phone call	34%

% of households reporting most preferred ways of providing feedback about services in their area⁴³

Speak face to face with community leader	71%
At a community meeting	33%
Speak face to face with service provider	27%

% of households reporting different information needs44

How to get healthcare/medical attention	27%
How to get more money/financial support	24%
How to register for aid	16%
How to find work	14%
How to get shelter/accommodation/shelter materials	13%

^{44.} Five most common different information needs are shown, and respondents could select more than one option.



^{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.