

Joint Multi-Sector Needs Assessment (J-MSNA)

In-Depth | August - September 2019

BANGLADESH
Host Communities

ASSESSMENT OVERVIEW

Since August 2017, an estimated 745,000 Rohingya refugees have arrived in Cox's Bazar, Bangladesh, increasing the total number of Rohingya refugees to more than 900,000.¹ Under the leadership and coordination of the Government of Bangladesh, rapid and effective humanitarian action has responded to the life-saving needs of this influx of refugees while also responding to potential impacts on affected host communities primarily located in Teknaf and Ukhiya Upazilas.

The presence of refugee communities has raised concerns over local environmental degradation, falling wages and rising prices, exerting additional pressures on localities where public services and infrastructure were already lagging behind the national average.² These factors have contributed in part to perceived tensions between Rohingya refugees and host communities. As the crisis moves beyond the initial emergency phase, comprehensive information on the needs and vulnerabilities of affected host communities is needed in order to inform the design and implementation of effective inter-sectoral programming.

To this aim, a Joint Multi-Sector Needs Assessment (J-MSNA) was conducted in host communities, in consultation with Upazila Nirbahi Officers (UNO)³, to support humanitarian planning and enhance the ability of operational partners to meet the strategic aims of donors and coordinating bodies. The J-MSNA was conducted to inform the Inter Sector Coordination Group (ISCG)'s 2019 Rohingya crisis MSNA Strategy, with the specific objectives of: (1) providing a comprehensive evidence base of household-

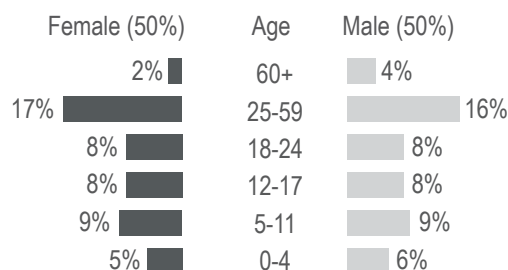
level multi-sectoral needs for the humanitarian 2020 Joint Response Plan; and (2) providing the basis for a joint multi-stakeholder analysis process.

Ukhiya and Teknaf Upazilas are comprised of a combined population of roughly 100,000 households.⁵ A total of 1,321 households in host communities were surveyed across 11 unions in these two Upazilas⁶, employing a simple random sampling methodology with shelter footprints provided by OpenStreetMap used as the principle sample frame. Data collection occurred from 7 August through 9 September 2019. Each interview was conducted with an adult household representative responding on behalf of the household and its members. Findings in the factsheet are presented at the overall level and are generalisable to the population of Ukhiya and Teknaf (excluding unassessed areas)⁶ with a 95% confidence level and 3% margin of error.⁷ Union-level findings for indicators where notable geographic variation was observed are available at the [J-MSNA Dashboard](#).

This J-MSNA was funded by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and the United Nations High Commissioner for Refugees (UNHCR). The assessment was coordinated through ISCG's MSNA Technical Working Group (TWG) of the Information Management and Assessment Working Group (IMAWG), led by ISCG and comprised of: UNHCR, International Organization for Migration Needs and Population Monitoring (IOM NPM), ACAPS, World Food Programme Vulnerability Analysis and Mapping (WFP VAM), Translators without Borders (TWB), and REACH.



POPULATION PROFILE



Gender of head of household

Average household size



19% Female
81% Male

5.6 persons

% of households by highest level of education completed in the household⁸



32% Completed primary or less
49% Some secondary
19% Completed secondary or above

¹ Inter Sector Coordination Group (ISCG), *Situation Report Rohingya Refugee Crisis, Cox's Bazar, Bangladesh, May 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 19 November 2019).

² United Nations Development Programme (UNDP), *Impacts of the Rohingya Refugee Influx on Host Communities* (Cox's Bazar, 2018). Available [here](#) (accessed 19 November 2019).

³ The Upazila Nirbahi Officer (UNO) is the chief executive of an Upazila (sub-district) and a mid-level officer of the Bangladesh Civil Service.

⁴ ISCG, *Multi-Sector Needs Assessment: Teknaf and Ukhiya Upazilas, March 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 19 November 2019).

⁵ Bangladesh Bureau of Statistics, *District Statistics 2011, Cox's Bazar* (Dhaka, n.d.). Available [here](#) (accessed 19 November 2019).

⁶ St. Martin's Island in Teknaf Upazila was not included in the target population. Shahporir Dwp in Sabrang Union was inaccessible during data collection and thus not assessed.

⁷ The full terms of reference for the assessment may be found at: ISCG, *Assessment Concept Note, Rohingya Crisis Bangladesh, In-Depth MSNA, July 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 19 November 2019).

⁸ "Completed primary or less" = "none", "madrasa only", and "kindergarten" through "Elementary 5"; "Some secondary" = "Middle School 6" through "High School 11"; "Completed secondary or above" = "High School 12" and "Tertiary education".

BACKGROUND & METHODOLOGY

- **J-MSNA framework:** the analytical framework for multi-sector analysis is based on the work undertaken by the Joint Inter-sector Analysis Group (JIAG)⁹, tailored by ACAPS and other participants of the MSNA TWG to meet the specific needs of the Rohingya Humanitarian Crisis. The focus of the J-MSNA is to measure current humanitarian conditions, perceptions and preferences, and safety and security. The J-MSNA is not intended to capture information on natural or man-made hazards, legal or rights-based issues, logistics or humanitarian access. It is also not intended to inform long-term development programming.
- **Assessment design:** indicator identification and tool development were conducted in close consultation with all sectors, as well as various working groups and experts present in the response. These indicators and the overall tool were then finalised by the MSNA TWG.
- **Sampling strategy and household selection:** target sample sizes for each union were based on the most recent population figures available from the 2011 population census. The sampling frame was based primarily on OpenStreetMap shelter footprints and triangulated with other population datasets wherever appropriate. Camp blocks were removed from the sampling frame in order to exclude refugee populations living in camps from the sample. A random distribution of GPS points was then generated, with each GPS point indicating a shelter to be approached for an interview. Additional buffer points were sampled to account for instances of non-eligibility or non-response. In sampling areas that fell within the boundaries of camps, enumerators were instructed to verbally confirm whether households self-identify as Bangladeshi or Rohingya before starting interviews. To ensure that the experiences and perspectives of both males and females were equally represented in the assessment, enumerator teams were composed equally (50:50) of men and women, with each enumerator interviewing an adult respondent of their own gender, who was most knowledgeable about affairs of the household (as defined by the household). The resulting gender composition of respondents in this assessment was 55% female and 45% male.
- **Data collection:** the J-MSNA was conducted from 7 August through 9 September 2019. Enumerators underwent a three-day training and a two-day pilot in order to familiarise themselves with the tool, field protocols, as well as the code of conduct and basic protection principles. Representatives of all sectors directly trained enumerators. During data collection, informed consent was sought, received and documented at the start of each interview.
- **Data cleaning and checking:** each day, data checking and cleaning was conducted according to a set of pre-established standard operating procedures, with checks including outlier checks, correct categorisation of "other" responses, and the removal and/or replacement of incomplete or inaccurate records. All changes to the dataset were documented in a cleaning log.

CAVEATS AND LIMITATIONS

- **Proxy:** data on individuals are collected by proxy from the respondent and not directly from household members themselves.
- **Respondent bias:** certain indicators may be under-reported or over-reported due to the subjectivity and perceptions of respondents (especially "social desirability bias" - the tendency of people to provide what they perceive to be the "right" answers to certain questions).
- **Perceptions:** questions on household perceptions may not directly reflect the realities of service provision or security conditions in host communities - only on individuals' perceptions of them.
- **Limitations of household surveys:** while household-level quantitative surveys seek to provide quantifiable information that can be generalised to the populations of interest, the methodology is not suited to provide in-depth explanations for complex issues. Thus, questions on "how" or "why" (e.g. reasons for feeling unsafe, or reasons for incurring debt, gender dynamics, etc.) are best suited to be explored through an accompanying qualitative component. The unit of measurement for this assessment was the household, and therefore does not focus on intra-household dynamics (including in relation to intra-household gender norms, roles and dynamics; disability; age, etc.). Users are reminded to supplement and triangulate findings from this survey with other data sources.
- **Subset indicators:** findings that refer to a subset (of the overall population) may have a lower confidence interval and a wider margin of error. For example, questions asked only to households with school-aged children, or to households with at least one individual reported as having an illness serious enough to require medical treatment, will yield results with lower precision. Any findings that refer to a subset are noted in this factsheet.
- **Timing of assessment:** when interpreting findings, users are informed that data collection was: (1) conducted during monsoon season; (2) included the festival of Eid-al-Adha.

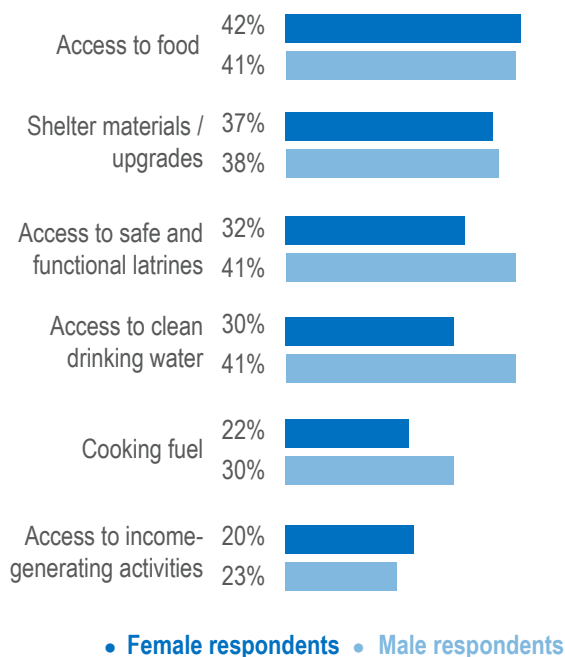
⁹ JIAG is developing an analytical framework for inter-sectoral analysis, assisting with the identification of inter-linkages between various drivers, underlying and contributing factors, sectors and humanitarian conditions.



COMMUNICATION WITH COMMUNITIES (CWC) AND PRIORITY NEEDS

PRIORITY NEEDS

% of households reporting the priority needs for which they require additional support, by respondent gender (top 6, unranked)^{10,11}



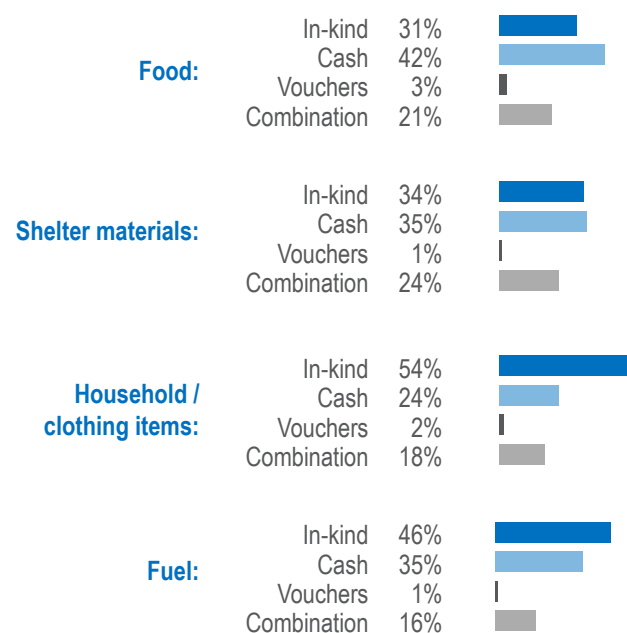
Top 6 household-ranked priority needs by their average weighted score^{10,12}

1	Access to food	1.00
2	Shelter materials/upgrades	0.74
3	Access to clean drinking water	0.68
4	Access to safe and functional latrines	0.55
5	Cooking fuel	0.32
6	Access to income-generating activities	0.32

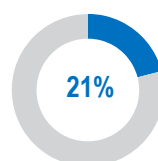
A higher value in the above table indicates that respondents prioritised this intervention above others. The maximum value possible was three. Although the top four priority needs (access to food, shelter materials, access to safe and functional latrines and access to clean drinking water) were reported by similar proportions of households, the ranking of these needs highlights the relative importance of these interventions. There is minimum variation in stated needs when disaggregated based on respondent gender.

PREFERRED AID MODALITIES

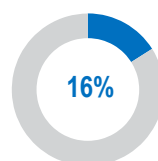
Of households reporting different priority needs, % reporting preferred modalities of assistance to meet each need¹³



COMMUNITY ENGAGEMENT



of households reported that they have received humanitarian aid in the 6 months prior to data collection



of households reported that members have been consulted or asked about concerns or priority needs in the 6 months prior to data collection

¹⁰ Respondents were asked to report the top three priority needs for which their family required additional support, and then rank the three identified needs in order of importance.

¹¹ This figure presents the proportion of households that named each option as a top three priority need, regardless of rank.

¹² Rankings were analysed according to the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position in which each respondent ranks it. Options ranked as the number one need scored three points, number two need scored two points, and #3 need scored one point. Aggregated ranking scores are then divided by all respondents, providing a score out of a maximum of three.

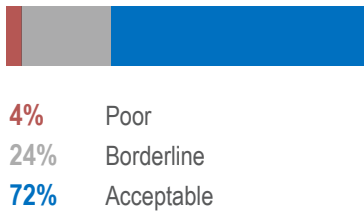
¹³ Respondents were asked their preferred modality to receive these items if they reported any of them as a top-three priority need. Respondents could choose only one modality of assistance. The denominator for each indicator is as follows: Food, n = 550; Shelter materials, n = 492; Household/cooking items, n = 169; Fuel, n = 323. Roughly 1-2% of households reported "no preference" of modalities for each type of need.



FOOD SECURITY AND LIVELIHOODS

FOOD SOURCES & CONSUMPTION

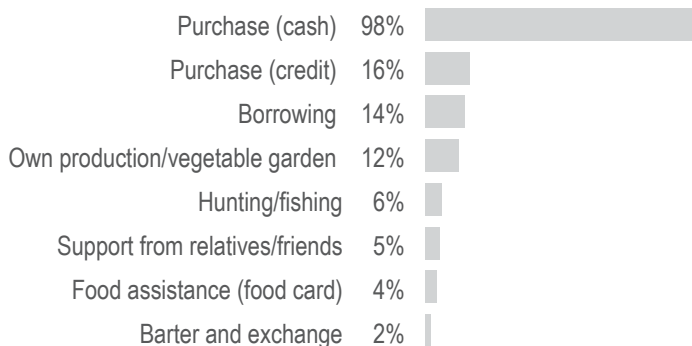
% of households by Food Consumption Score (FCS)¹⁴



% of households by estimated household dietary diversity¹⁵

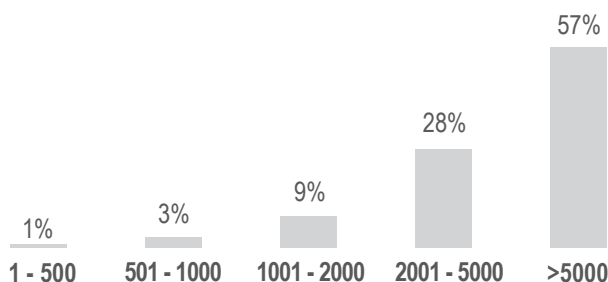


% of households reporting the three main sources of food consumed in the 7 days prior to data collection¹⁶



FOOD EXPENDITURES

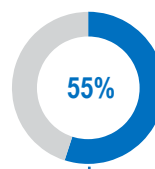
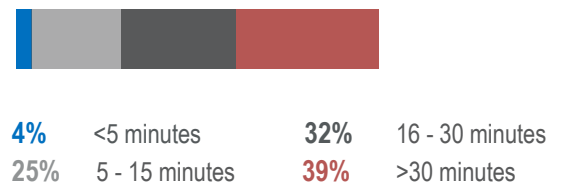
% of households reporting amount spent (BDT)¹⁷ on food in the 30 days prior to data collection¹⁸



Ninety per cent (99%) of households reported spending money on food in the 30 days prior to data collection. Overall FCSs for host community households suggest that **access to basic foods is extensive, and not indicative of extreme gaps in food consumption patterns**. "Poor" FCSs were not found to exceed 4% in any union. However, estimates of household dietary diversity based on the reported quantity of food groups consumed during the seven days prior to data collection suggest that **host community households face difficulties accessing a varied diet**. Nearly one-third of households are estimated to consume two food groups or fewer in any given day. These outcomes should also be interpreted in conjunction with any additional coping strategies that households may employ in order to meet basic needs, including incurring debt, as well as other more extreme mechanisms (see p.11 for further exploration). The proportion of households with borderline or poor FCS (29%) is consistent with conditions reported in the Refugee influx Emergency Vulnerability Assessment (REVA II), and remains unchanged since 2017.¹⁹

ACCESS TO MARKETS

% of households reporting length of time it takes to travel to the closest market by foot (in minutes)



of households reported problems accessing markets in the 30 days prior to data collection

Most frequently reported problems²⁰



% of households reporting spending >500 BDT¹⁷ on **transportation** in the 30 days prior to data collection

66%

¹⁴ The Food Consumption Score is a composite score based on (1) dietary diversity; (2) food frequency; and (3) relative nutritional importance of nine weighted food groups. The FCS is recorded from a seven-day recall period. In Bangladesh, thresholds for FCS classifications set by WFP are as follows: ≥ 42 **Acceptable**; $28 - 41$ **Borderline**; ≤ 27 **Poor**.

¹⁵ The standard module to calculate a Household Dietary Diversity Score (24-hour recall period) was not included in the questionnaire. These findings represent the proportion of households who reported consuming numbers of food groups at least six or seven times in a week.

¹⁶ Respondents could choose up to three options.

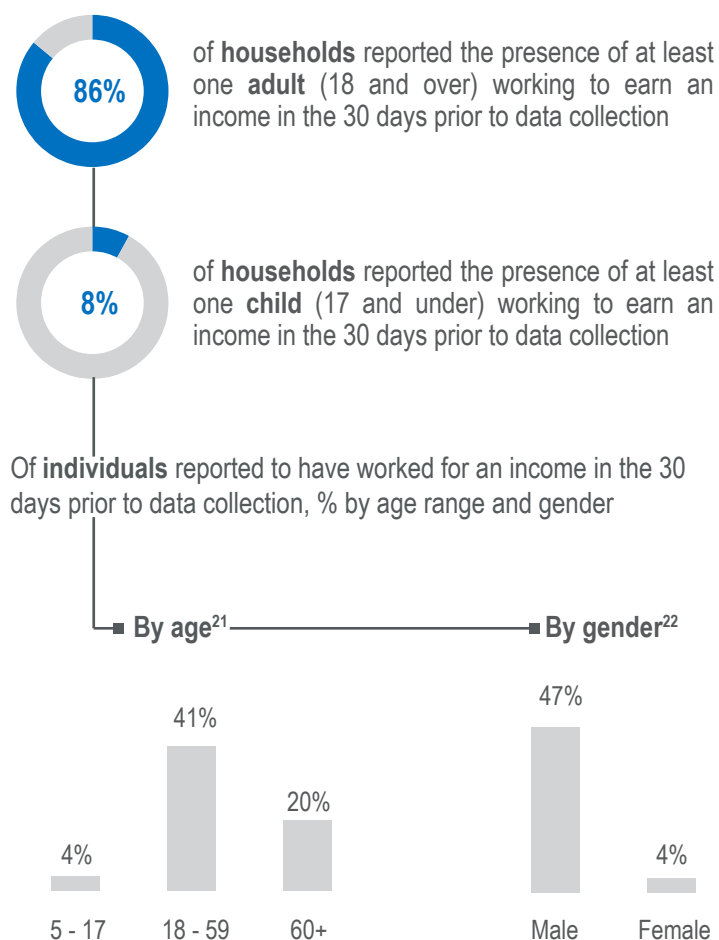
¹⁷ BDT - Bangladeshi Taka

¹⁸ 1% of respondents reported "do not know / prefer not to answer"; 1% reported spending 0 BDT on food in the 30 days prior to data collection.

¹⁹ WFP, *Refugee influx Emergency Vulnerability Assessment (REVA II) 2018*, Cox's Bazar, Bangladesh (Cox's Bazar, 2019). Available [here](#) (accessed 19 November 2019).

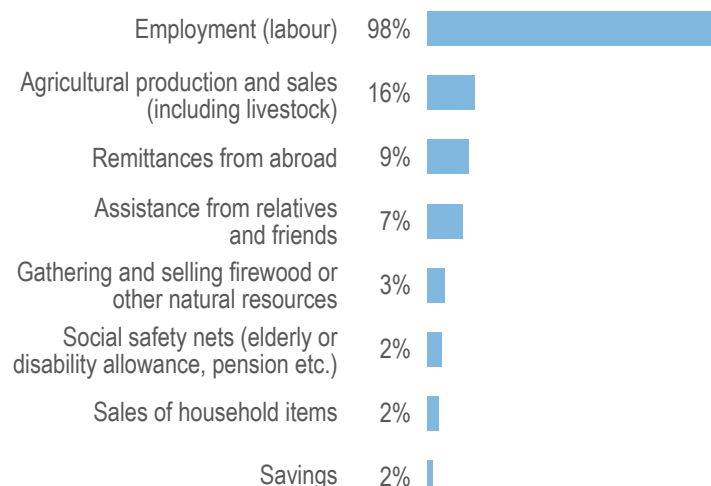
²⁰ Respondents could choose up to three options.

LABOUR MARKET PARTICIPATION



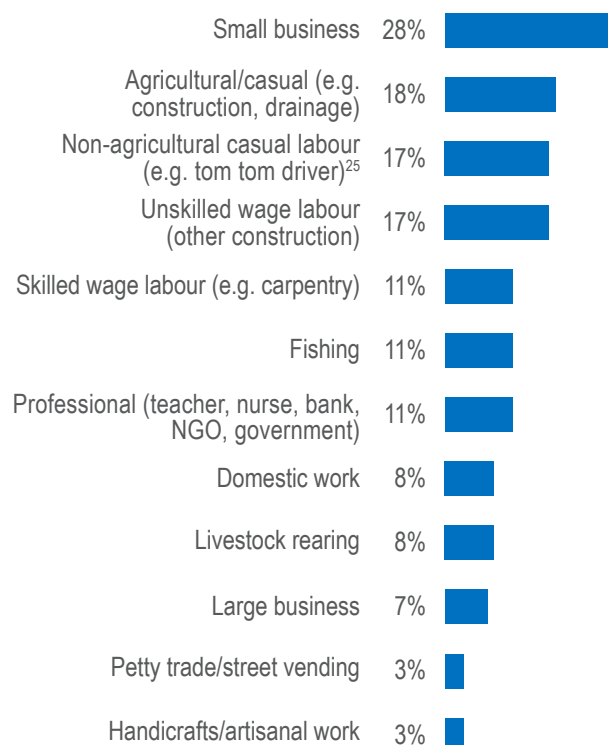
MAIN INCOME SOURCES

% of households reporting main sources of income²³



MAIN EMPLOYMENT SOURCES

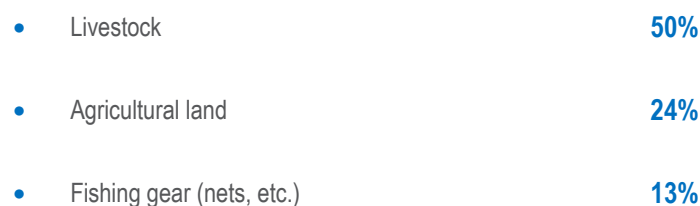
Of households reporting "employment" or "labour" as an income source, % reporting main sources of employment²⁴



LIVELIHOOD ASSETS & SUPPORT



% of households reporting owning livelihood assets²⁶



²¹ The denominator for this indicator is all individuals within the specified age range: 5-17 (n = 2,469); 18-59 (n = 3,574); 60+ (n = 468).

²² The denominator for this indicator is all individuals of either gender five years of age and older: male, n = 3,267; female, n = 3,243.

²³ Respondents could choose more than one option.

²⁴ The denominator for this indicator is all households indicating "labour" or "employment" as an income source (n = 1,100). Respondents could choose more than one option.

²⁵ A "tom tom" is small three-wheeled vehicle frequently used for short-range transport in Bangladesh.

²⁶ This question was asked in the form of "yes" or "no". Data were not collected on the amount of assets owned.

The proportion of households reporting the presence of at least one individual working to earn an income did not vary based on union or Upazila. J-MSNA findings show that **labour market participation varies significantly based on gender, with a very low proportion of females reported as working to earn an income**. The vast majority of households reported wage-based income as a primary source of income. Roughly one in ten households reported deriving household income from money remitted from overseas employment. These findings reflect a continuation of trends reported in the 2018 Host Community MSNA.²⁷

Employment in the agricultural sector was a relatively common trend for host community households in both Upazilas, as well as engagement in other small enterprises and non-agricultural casual labour. Sixteen per cent (16%) of households in Teknaf reported fishing as a main source of employment, compared with 4% in Ukhiya. Households in Ukhiya (17%) were slightly more likely when compared with Teknaf (6%) to report a source of employment falling in the "professional" category (such as teaching, nursing, banking, NGO or government). While most host community households reported accessing sources of income and employment, J-MSNA indicators do not shed light on dimensions of informality, decent work, sustainability or stability in employment. More in-depth labour market analyses outline that employment opportunities, although accessible, are precarious.²⁸ Findings from *REVA II*²⁹ indicate that many families with economically-active individuals are only accessing labour opportunities a couple of days per month, contributing to low overall income levels.

²⁷ UNHCR and REACH, *Multi Sector Needs Assessment Report, Rohingya Refugee Response, July 2018* (Cox's Bazar, 2018). Available [here](#) (accessed 1 December 2019).

²⁸ See for example, UNDP, *Impacts of the Rohingya Refugee Influx on Host Communities, November 2018* (Cox's Bazar, 2018). Available [here](#) (accessed 19 November 2019).

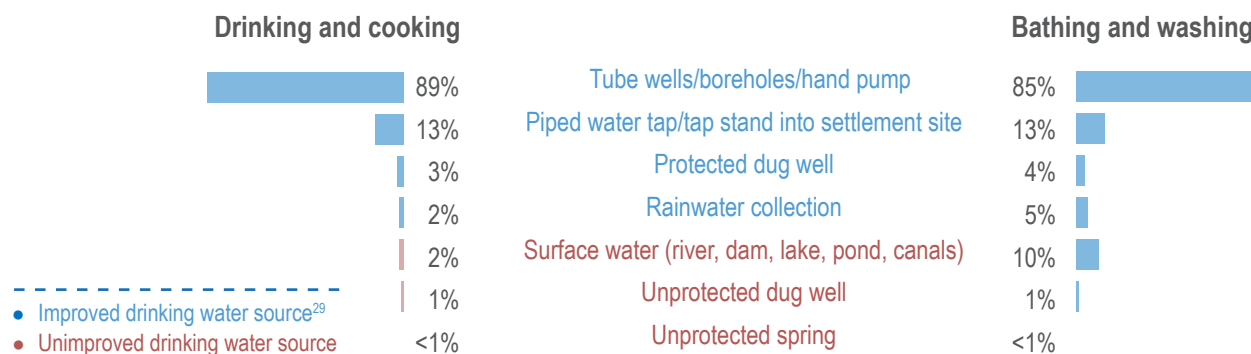
²⁹ WFP, *Refugee influx Emergency Vulnerability Assessment (REVA II) 2018, Cox's Bazar, Bangladesh* (Cox's Bazar, 2019). Available [here](#) (accessed 19 November 2019).



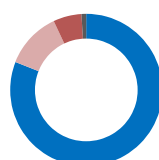
WATER, SANITATION & HYGIENE (WASH)

WATER SOURCES

% of households reporting main source(s) of water used for the following purposes at the time of data collection²⁸



% of households reporting **frequency of accessing surface water** for drinking or cooking purposes during the last dry season³⁰



81% Never
 12% A couple of times
 6% Almost every day
 1% Do not know

WATER COLLECTION



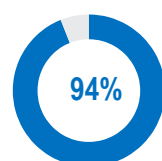
% of households reporting collection times for water (fetch and return)



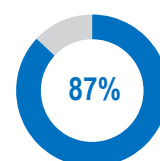
70% <5 minutes
 24% 5 - 15 minutes
 4% 16 - 30 minutes
 2% >30 minutes

WATER QUANTITIES

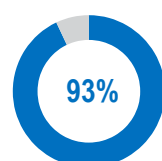
% of households reporting having enough water to meet the following basic needs at the time of data collection³¹



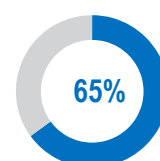
Drinking



Personal hygiene



Cooking



Other domestic purposes

Ninety-seven per cent (97%) of households in host communities reported accessing improved water sources as their main source of water for drinking and cooking purposes. While most households reported having enough water to meet basic drinking, cooking and personal hygiene needs, roughly one-third of households reported not having enough water to meet needs for other domestic purposes (e.g. for cleaning or washing clothing). **Eighteen per cent (18%) of households reported accessing surface water for drinking or cooking purposes a couple of times or almost every day during the last dry season.** Most households reporting the need to do so were concentrated in Teknaf Upazila (see [J-MSNA Dashboard](#) for further breakdowns at the union/Upazila level). One in ten households reported using surface water as a main source of water for bathing and washing, which may have important health-related implications in relation to transmission of waterborne pathogens.

²⁸ Respondents could choose more than one option.

²⁹ An "improved drinking-water source" is one "that by the nature of its construction adequately protects the source from outside contamination, in particular with faecal matter" (World Health Organization, *Key Terms - Water sanitation hygiene* (Geneva, n.d.). Available [here](#) (accessed 30 November 2019).

³⁰ Respondents were asked to recall frequencies from the previous dry season, as data collection occurred during the rainy season. The calendar period corresponding to "dry season" was not specifically defined but is commonly understood to include the months immediately preceding monsoon season (roughly April - May 2019).

³¹ "Personal hygiene" includes activities such as washing and bathing, "other domestic purposes" includes activities such as cleaning house, floor, etc.

SANITATION & HYGIENE



% of households reporting types of sanitation facility (latrine or toilet) usually used³²

- Household latrine 86%
- Shared latrine 11%
- Open defecation 3%

- Improved sanitation facility³³
- Unimproved sanitation facility

% of households reporting on visible traces of environmental sanitation issues in the vicinity of their accommodation (30 metres or less) during the 30 days prior to data collection

- Stagnant water 37%
- Waste 34%
- Human faeces 14%

% of households reported spending any money (>0 BDT)³⁴ on **hygiene items** in the 30 days prior to data collection

51%

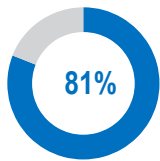
³² Less than 1% of respondents reported usually using other types of sanitation facilities (including "bucket toilet/connode", "plastic bag", "public latrine").

³³ An "improved sanitation facility" is one which "hygienically separates human excreta from human contact". Classification of latrines in the present assessment is based on WHO/UNICEF guidelines. (World Health Organization, *Key Terms - Water sanitation hygiene* (Geneva, n.d.). Available [here](#) (accessed 30 November 2019).

³⁴ BDT - Bangladeshi Taka.



HEALTH AND NUTRITION

WELLBEING^{35,36}

of **households** reported the presence of **at least one person** with an illness serious enough to require medical treatment in the 30 days prior to data collection

% of **households** reporting at least one individual ill with diarrhoea in the 2 weeks prior to data collection

12%

reported the presence of at least one individual **under 5 years of age with diarrhoea**⁴¹

15%

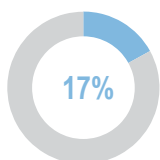
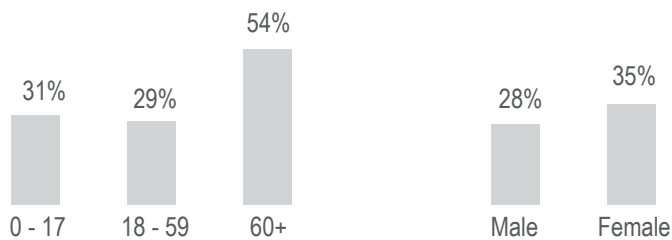
reported the presence of at least one individual **over 5 years of age with diarrhoea**⁴²

31%

of **individuals** were reported as having an illness serious enough to require medical treatment in the 30 days prior to data collection

Of individuals reported as having an illness, % by age range³⁷

Of individuals reported as having an illness, % by gender³⁸



of **households** reported the presence of **at least one individual** (aged 5 and above) reported as requiring assistance to complete daily activities

HEALTH-SEEKING BEHAVIOURS

Of individuals reported as having an illness serious enough to require medical treatment, % for whom **treatment was sought**⁴³

98%

Of individuals reported as having an illness serious enough to require medical treatment who **sought treatment**, % by **treatment location**⁴⁴



4%

of **individuals** (aged 5 and above) were reported to require assistance to complete daily activities³⁹

25%

of **individuals** aged 60 and above were reported to require assistance to complete daily activities⁴⁰

³⁵ Data on individual illness and disability were collected by proxies (from respondents on behalf of all household members), and not directly from household members themselves.

³⁶ Questions on household disability prevalence were not asked according to Washington Group Short Set of Questions on Disability. Respondents were asked to report on each individual who required another person to help him / her complete daily activities such as eating, dressing, bathing or going to the toilet.

³⁷ The denominator for this indicator is all individuals in the specified age groups (0 - 17, n = 3,267; 18- 59, n = 3,574; 60+, n = 468).

³⁸ The denominator for this indicator is all individuals of either gender (males, n = 3,683; females, n = 3,625).

³⁹ The denominator for this indicator is all individuals of either gender aged five years and above (n = 6,511) (n value includes one individual who reported gender of "other").

⁴⁰ The denominator for this indicator is all individuals aged 60 years and above (n = 468).

⁴¹ The denominator for this indicator is all households with children under five (n = 626).

⁴² The denominator for this indicator is all households with individuals aged five and above (n = 1,311).

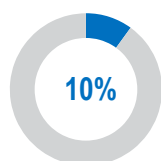
⁴³ The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection (n = 2,280).

⁴⁴ Respondents could report more than one treatment location. The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection, who sought treatment (n = 2,236).

ACCESS TO HEALTH SERVICES

Of households reporting the presence of at least one individual requiring assistance to complete daily activities, % reporting that they were able to **access support** for this individual.⁴⁵

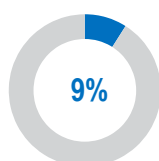
18%



of households reported being visited by a community health worker during the four weeks prior to data collection

Most individuals who were reported to have an illness serious enough to require medical treatment were reported to have sought treatment for their illness. Findings suggest **less frequent use of public health facilities.** Individuals were nearly twice as likely to report accessing private health facilities (either a private clinic or a pharmacy) than a government clinic in order to treat their illness. Reported treatment locations did not differ significantly at the Upazila level yet did differ at the union level. Ten per cent (10%) of individuals who were reported to seek treatment for an illness in the month prior to data collection went to a government clinic in Palong Khali, compared with 36% in Teknaf Sadar. These findings do not explore the quality of care received at treatment locations. **Fewer than one in five households that reported the presence of at least one individual requiring assistance to complete daily activities reported accessing support for this individual.**

MATERNAL, NEWBORN AND CHILD HEALTH

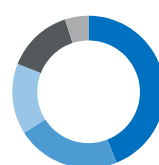


of households reported the presence of a pregnant woman

Of households reporting the presence of at least one pregnant woman, % indicating whether pregnant woman is currently enrolled in an **antenatal care (ANC) programme**⁴⁶

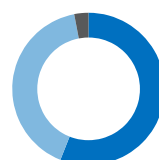
48%

% of all households reporting primary decision-maker on location of delivery of child



Husband of the pregnant woman
Joint decision between pregnant woman and someone else
Pregnant woman herself
Other relative of the pregnant woman
Do not know / prefer not to answer

Of children aged 0 - 11 months, % by reported location of delivery⁴⁷



At home
At a clinic
Midwife's house

Of households reporting the presence of at least one mother with a child aged 0 to 2 years, % reporting ever **receiving support on feeding young children**⁴⁸

18%

Of individuals aged 0 to 2 years at the time of data collection, % who were reported to have been **breastfed immediately / within an hour of birth**⁴⁹

57%

Findings from the J-MSNA reflect that **the majority of children born in the year leading up to data collection were born at home.** These findings do not specify whether births were attended by a skilled or unskilled birth attendant (e.g. midwife). Female respondents (20%) were more likely than male respondents (9%) to report that the decision on child birth location was that of the pregnant woman herself, whereas male respondents (51%) were more likely than female respondents (39%) to report that the decision is made by the husband of the pregnant woman.

⁴⁵ The denominator for this indicator is all households reporting the presence of at least one individual requiring assistance to complete daily activities (n = 220).

⁴⁶ The denominator for this indicator is all households reporting the presence of at least one pregnant woman (n = 117).

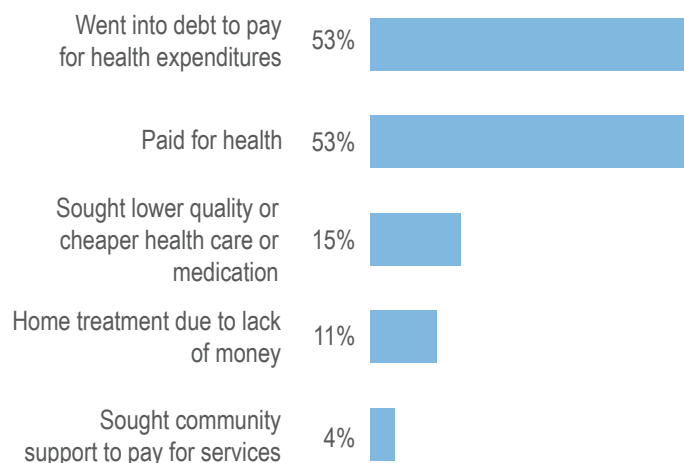
⁴⁷ The denominator for this indicator is individuals aged 11 months of age or younger at the time of data collection (n = 161). "Clinic" may include government, NGO and/or private.

⁴⁸ The denominator for this indicator is households with at least one mother with a child aged 0-2 years (n = 385).

⁴⁹ The denominator for this indicator is all individuals aged 0-2 years of age (n = 431). Respondents were asked how long after birth each child within this age range was put to the breast, and could only choose one option from "within one hour", "in the first day", "after the first day", or "do not know".

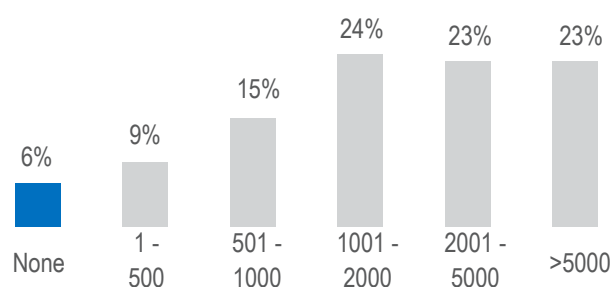
HEALTH COPING MECHANISMS

Of the **81%** of households reporting the presence of at least one member with an illness in the 30 days prior to data collection, % reporting **using coping mechanisms** for health-related issues (top 5)⁵⁰



HEALTH EXPENDITURES

% of households reporting amount spent (BDT)⁵¹ on medical expenses, health care, and/or medicine in the 30 days prior to data collection



J-MSNA data show that although most individuals seek treatment for illnesses when it is necessary, **77% of households that reported the presence of at least one individual with an illness in the 30 days prior to data collection reported engaging in coping mechanisms in order to manage health-related issues**, including incurring debt in order to cover health expenses or seeking lower-quality treatments or medications.

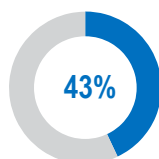
⁵⁰ Respondents could choose more than one option. The denominator for this indicator is all individuals who were reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection (n = 1,059).

⁵¹ BDT - Bangladeshi Taka.

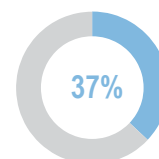


PROTECTION

PERCEPTIONS OF SAFETY



of **female respondents** reported at least one area in their neighbourhood where **female** members **do not feel safe**⁵²



of **male respondents** reported at least one area in their neighbourhood where **male** members **do not feel safe**⁵²

Female members

Most frequently reported areas (top 6)

Male members

24% Market

21% Latrines

12% On the way to or from key facilities

9% Shelter⁵⁴

7% Health centres

7% Inside the home⁵⁴

1

2

3

4

5

6

On the way to or from key facilities

Firewood collection site

Latrines

Water points

Shelter

Market **14%**

13%

10%

9%

7%

6%

Of households reporting at least one area in their neighbourhood where male / female members feel unsafe, % by **reason male and female members feel unsafe**, by gender⁵⁴

Female members

Most frequently reported reasons (top 5)

Male members

52% Lack of enough light at night

44% Petty crime, bullying, harassment

35% Fear of abduction

27% Violence

25% Fear of criminal groups

1

2

3

4

5

Fear of abduction

Lack of enough light at night

Fear of criminal groups

Violence

Petty crime, bullying, harassment

46%

44%

34%

24%

18%

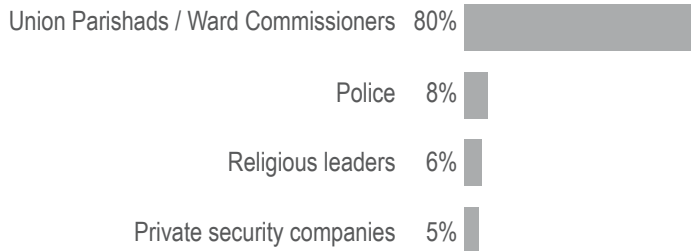
⁵² Respondents were asked to respond on behalf of household members of their respective gender only (male, n = 587; female, n = 723). Respondents could choose more than one option.

⁵³ "Shelter" implies issues related to the shelter structure itself; "Inside the home" refers to other dynamics occurring within the home (e.g. social, domestic disputes, etc.).

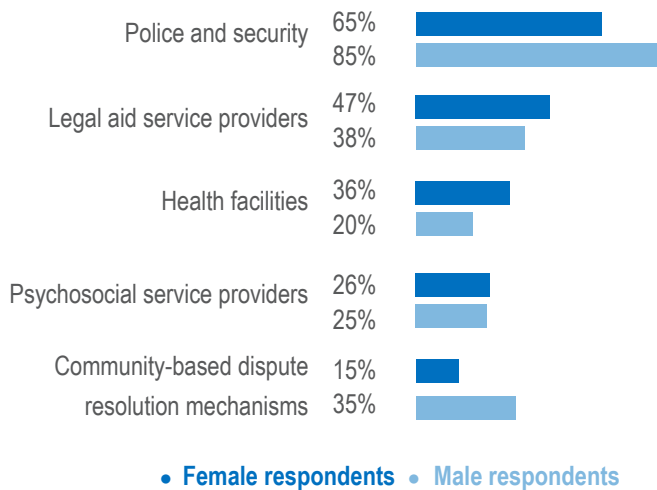
⁵⁴ The denominator for this indicator is all households indicating at least one area where male or female members do not feel safe (male, n = 208; female, n = 292).

REPORTING SAFETY CONCERNS

% of households reporting who they would report to first in the event of a **serious security issue**, by point-of-contact⁵⁵



% of households reporting preferred point-of-contact if they needed to refer a friend who was sexually assaulted for care and support⁵⁶



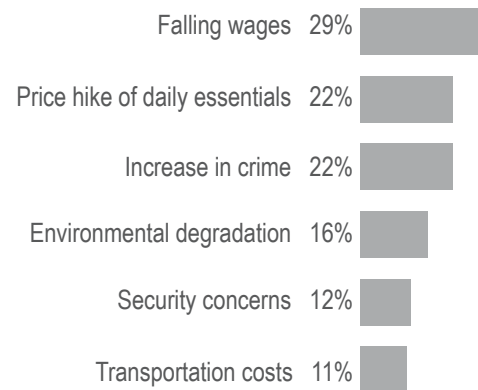
Findings regarding point-of-contact for referral in the event of sexual assault show that respondents were able to report a diverse range of resources of support, although female respondents were less likely than male respondents to recommend the police or security services. Host community households were far more likely to report accessing local elected administrative councils (Union Parishads / Ward Commissioners) than police forces in the event of a serious security issue.

PERCEIVED TENSIONS WITH ROHINGYA COMMUNITIES

% of households reporting that they have witnessed tensions between Rohingya and host communities in the 30 days prior to data collection

37%

Of households reporting witnessing tensions, % reporting perceived sources of tension (top 6)⁵⁷



Male respondents (54%) were far more likely than female respondents (23%) to report having witnessed tensions between Rohingya and host communities in the month prior to data collection. Households residing in unions located in closer geographic proximity to Rohingya refugee camps were less likely to report having witnessed any tensions between the two communities. The top three unions with the highest proportion of households reporting witnessing any tensions were Teknaf Paurashava (51%), Ratna Palong (46%) and Raja Palong (44%), compared with 28% in Nhilla and Haldia Palong and 20% in Baharchhara.

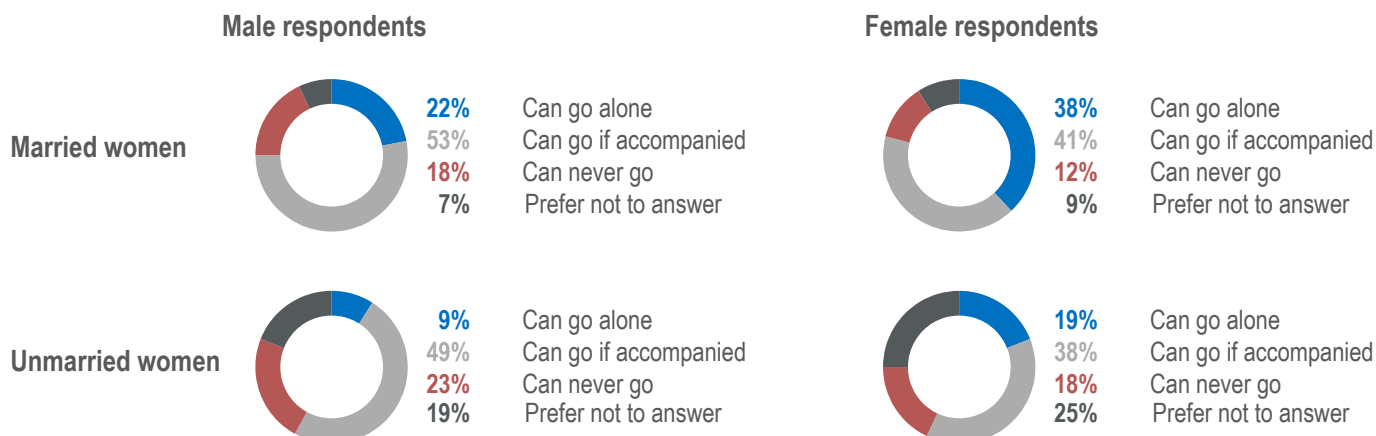
⁵⁵ "Union Parishads" are the smallest administrative unit of government in Bangladesh. One per cent (1%) of respondents reported "none" for first point-of-contact.

⁵⁶ Respondents could choose more than one option. This question asked the respondent to answer based on a hypothetical scenario.

⁵⁷ Respondents could choose more than one option. The denominator for this question is all individuals who indicated having witnessed tensions between Rohingya and host communities in the 30 days prior to data collection (n = 486).

FREEDOM OF MOVEMENT FOR WOMEN

% of households reporting whether married and unmarried women (aged 18 and over) are allowed to go to the market - accompanied, unaccompanied, or not at all⁵⁸



Overall, unmarried women were less likely to be reported as being able to go to the market than married women. Male respondents were more likely than female respondents to report that women (married or unmarried) are never permitted to go to the market (either accompanied or unaccompanied). Female respondents were more likely than male respondents to report that women (married and unmarried) are allowed to go to the market alone.

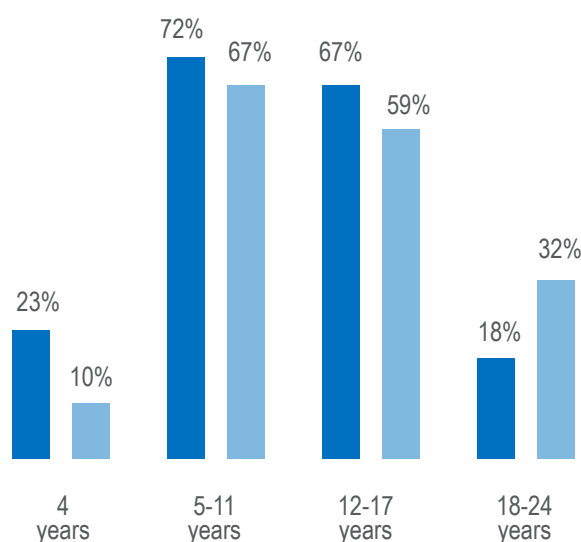
⁵⁸ This question was only asked of households with at least one female individual over the age of 12 (n = 1,310).



EDUCATION

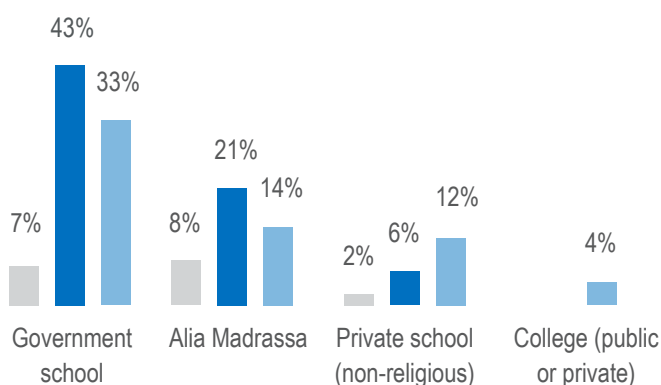
EDUCATION ENROLMENT

% of children and youth reported to be attending formal education programmes during the current academic year, by **age range** and **gender**⁵⁹



• Females • Males

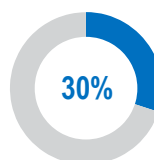
% of children and youth aged 4 - 17 reported to be attending formal education programmes during the current academic year, by **age range** and **type of education opportunity**⁶⁰



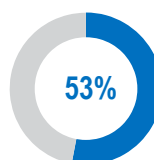
• Age 4 • Ages 5-11 • Ages 12-17

% of individuals aged 18 - 24 reported to be attending college (public or private) or university during the current academic year⁶¹

- College (public or private) 14%
- University 2%
- None 75%



of households reported the presence of at least one **primary or secondary school-aged child (5 - 17)** in the household who was not attending formal education programmes⁶²



of households that reported the presence of at least one child attending a formal education programme reported that a caregiver has ever spoken to a teacher about their child's education⁶³

% of households reporting spending more than 500 BDT⁶⁴ on **education (school fees, uniforms, school materials, etc.)** in the 30 days prior to data collection

49%

⁵⁹ The denominator for each age range is all males or females in the specified age group. Four years of age (males, n = 84; females, n = 82); 5-11 (males, n = 654; females, n = 662); 12-17 (males, n = 536; females, n = 617); 18-24 (males, n = 584; females, n = 586). "Formal education programmes" encompass government school, Alia Madrassa, private school, college (public or private), University, technical college and Ministry of Youth and Sport Development Programmes.

⁶⁰ The denominator for each age range is all individuals in the specified age group. Four years of age (n = 166); 5-11 (n = 1,316); 12-17 (n = 1,153). 'Alia Madrassa' is a formal education institution in Bangladesh combining religious and secular learning.

⁶¹ The denominator for this indicator is all individuals aged 18-24 (n = 1,170). Four per cent (4%) of individuals in this age range were reported to be attending "Government school"; 4% were reported to be attending "Alia Madrassa"; 1% were reported to be attending a private school (non-religious).

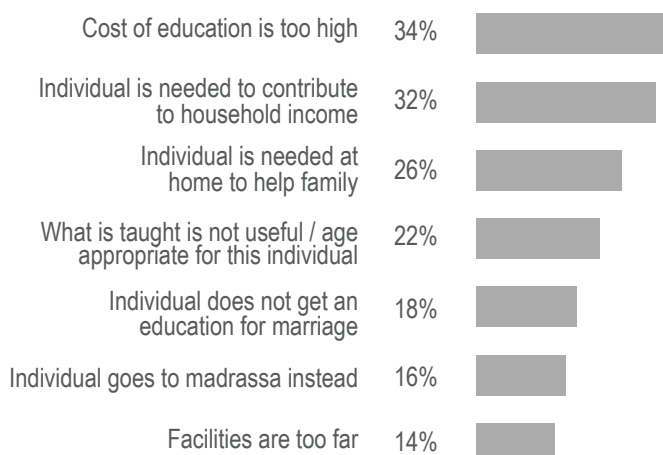
⁶² The denominator for this indicator is all individuals aged 5-17 (n = 2,469). "Formal education programmes" encompass government school, Alia Madrassa, private school, college (public or private), technical college and Ministry of Youth and Sport Development Programmes.

⁶³ The denominator for this indicator is all households where at least one child was reported as attending a formal learning programme (n = 1,306).

⁶⁴ BDT - Bangladeshi Taka.

EDUCATION BARRIERS

Of households with at least one person aged 4 - 24 reported as not attending a formal education programme in the current academic year, % reporting **education barriers** (by type of barrier; top 7 shown)⁶⁵



The majority of children who were reported to attend a formal education programme during the current academic year were enrolled in government school, followed by Alia Madrassa. Attendance at private schools (non-religious) peaked for children aged 12 - 17. Older youth were more likely to be reported as attending a public or private college. **Education rates at these aforementioned programmes did not vary significantly based on the gender of the child. Fourteen per cent (14%) of households reported spending greater than 2,000 BDT⁶⁶ on expenses related to education in the 30 days prior to data collection.**

Roughly 7 out of 10 children aged 5-11 were reported to attend a formal education programme during the current academic year, with minimal variation based on gender of the child. Non-attendance rates increased slightly for boys aged 12-17 compared with those aged 5-11, while attendance rates for girls aged 12-17 (67%) remained consistent when compared with girls aged 5-11 (72%). From age 17, youth education attendance witnessed a significant decrease. **Education attendance varied significantly by union, with lower overall attendance rates reported in unions located in Teknaf Upazila when compared with Ukhiya Upazila, for all age ranges.** For example, 36% of boys and girls aged 5-11 in Teknaf were reported as not attending any formal education programme compared with 23% in Ukhiya, while 44% of children aged 12 - 17 were reported as not attending in Teknaf compared with 27% in Ukhiya. **Financial barriers** - both in regard to costs directly associated with education, as well as the necessity to have school-aged youth contributing to household income - **were frequently-reported reasons for non-attendance.** Findings from Focus Group Discussions (FGDs) conducted during the 2018 MSNA suggest that cost barriers increase for secondary education opportunities, which do not benefit from government tuition waivers. FGD participants also noted prohibitive costs associated with transport, uniforms, private tutors and examination fees.⁶⁷

⁶⁵ The denominator for this indicator is all households where at least one individual aged 4-24 was reported as not attending a formal education programme during the current academic year (n = 926).

⁶⁶ BDT - Bangladeshi Taka.

⁶⁷ ISCG, 2018 Multi-Sector Needs Assessment: Teknaf and Ukhiya Upazilas, March 2019 (Cox's Bazar, 2019). Available [here](#).



SHELTER & NON-FOOD ITEMS (NFI)

SECURITY OF LAND TENURE

% of households reporting whether they **owned or co-owned** the plot of **land** where their shelter is located

85%

Of households reporting whether they owned (or co-owned) the plot of **land** where their shelter is located, % that **reported holding the deed**⁶⁸

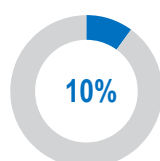
70%

% of households reporting whether they **owned or co-owned the house** they are occupying

95%

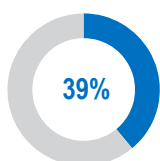
% of all households reporting whether they **paid rent** to anyone to live in their accommodation⁶⁹

2%



of all households reported feeling at **risk of eviction** or being forced to leave their house / shelter within the few months following data collection

SHELTER STRUCTURE & MAINTENANCE



of households reported having **made any improvements to their shelter** in the 6 months prior to data collection

Most frequently reported improvements⁷⁰

Replace the roofing material	27%	
Replace walling material	13%	
Increase the size	11%	
Cement floor	5%	
Install bathing space	5%	
Improve access to shelter	4%	

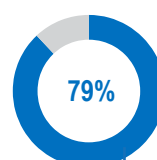
37%

of households reported not making any improvements to their shelter in the 6 months prior to data collection, **despite reporting the need to do so**

Of households reporting **not** making improvements to their shelter in the 6 months prior to data collection, % reporting **lack of enough money** as a reason for not making improvements⁷¹

65%

ACCESS TO ELECTRICITY

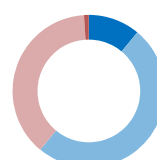


of households reported being connected to the electricity grid

Of households not connected to the electricity grid, % by reason for not being connected⁷²

- Cannot afford to pay for electricity **55%**
- Electricity grid not installed in this locality **53%**
- Not a need **1%**

Of households connected to the electricity grid, % reporting frequency (in general) they had access to electricity at night



11% Every night
50% Most nights
38% Some nights
1% No nights

Lower proportions of households reported being connected to the electricity grid in Ukhiya Upazila - 72% - compared with Teknaf Upazila - 84%. The union with the lowest proportion of households reporting being connected to the electricity grid was Palong Khali (50%). **Over half of those households reporting that they were not connected to the electricity grid reported not being able to afford electricity.**

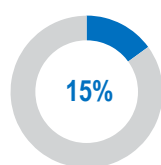
⁶⁸ The denominator for this indicator is all households that reported owning the land where their shelter was located (n = 1,098).

⁶⁹ This question was only asked of respondents indicating that they did not own or co-own their shelter (n = 69). However, the denominator for this indicator is all households and the above proportion is reflected as a % of all households.

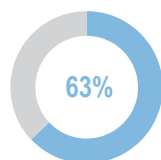
⁷⁰ Respondents could choose more than one option.

⁷¹ The denominator for this indicator is all households that did not make improvements to their shelter in the six months prior to data collection (n = 797).

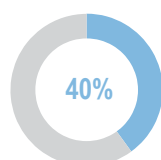
⁷² The denominator for this indicator is all households reporting not being connected to the electricity grid (n = 278). Respondents could choose up to three options.

COOKING FUEL⁷³

of households reported **exclusively using LPG** (cooking gas cylinder) as a fuel source in 4 weeks prior to data collection

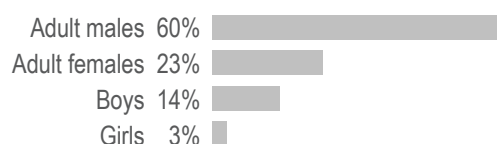


of households reported using **purchased firewood** as a fuel source in 4 weeks prior to data collection



of households reported using **self-collected firewood** as a fuel source in 4 weeks prior to data collection

Of households reporting the use of self-collected firewood, % reporting the household member that spends the most time gathering firewood⁷⁴



EXPENDITURES RELATED TO SHELTER & NFI

% of households that reported spending any money (>0 BDT)⁷⁵ on the following items in the 30 days prior to data collection

- Shelter materials (e.g. plastic rope, wire, tarpaulin, cement, bamboo) **36%**
- Cooking fuel **88%**
- Clothing and shoes **63%**
- Kitchen items and utensils **32%**

While 45% of households reported using LPG (cooking gas cylinder) as a fuel source in the month prior to data collection, **only 15% reported exclusively using LPG**. Of households reporting using self-collected firewood, the majority reported that adult males in the household spent the most time gathering firewood. Forty per cent (40%) of households reported spending more than 1,000 BDT⁷⁵ on cooking fuel in the month prior to data collection.

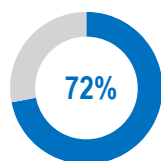
⁷³ Respondents could choose more than one option. Nine per cent (9%) of respondents also reported using dried leaves or hay, 1% reported using biogas and 1% reported using dung cakes.

⁷⁴ The denominator for this indicator is all households indicating self-collected firewood as a fuel source (n = 513).

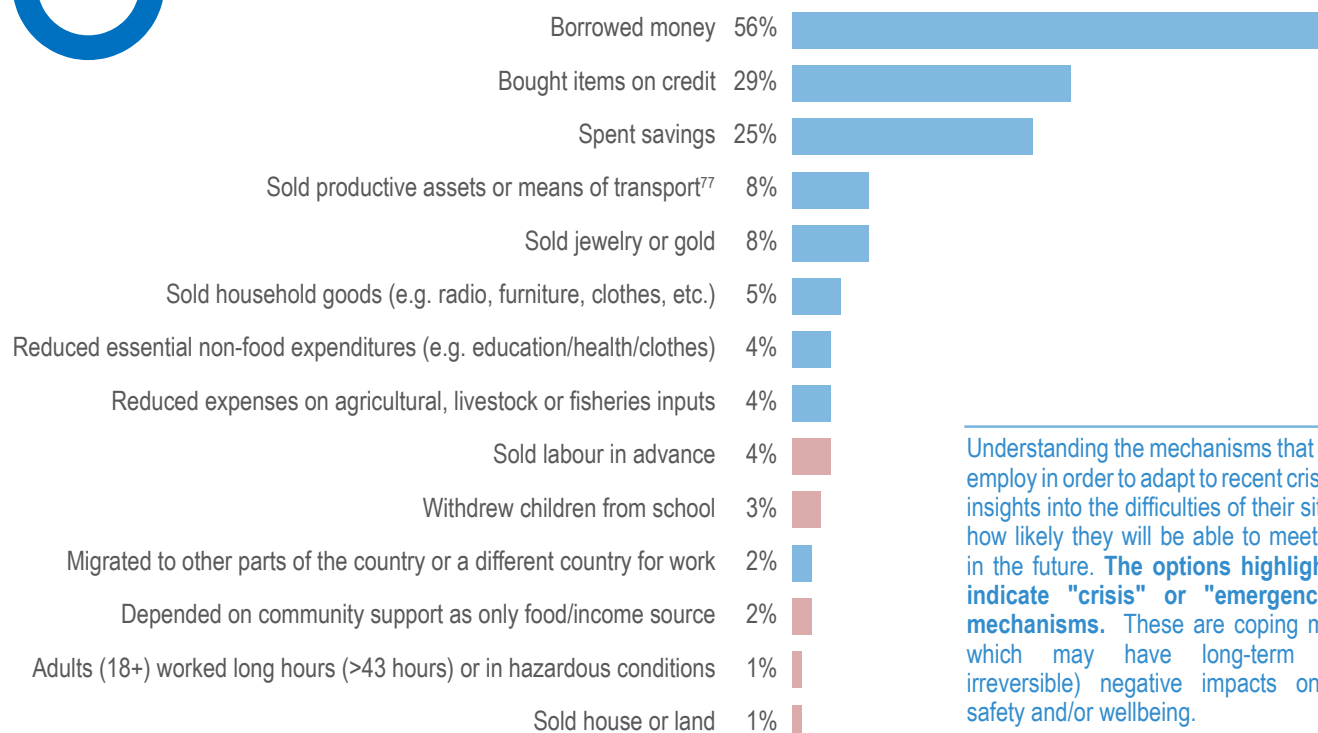
⁷⁵ BDT - Bangladeshi Taka.



COPING CAPACITIES

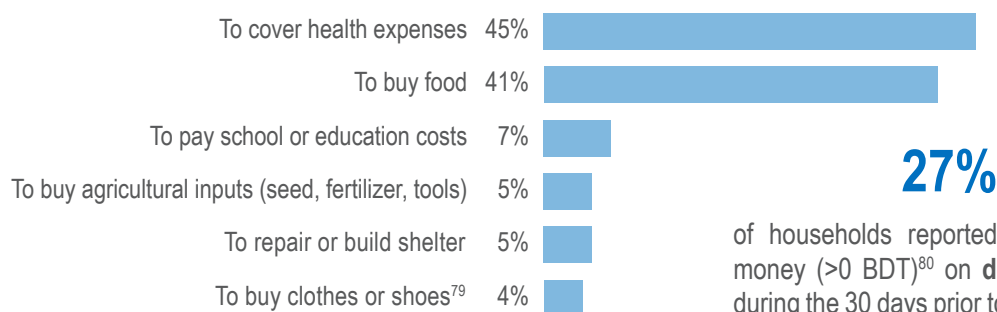


of households reported **engaging in coping mechanisms** due to a lack of money to meet basic needs during the 30 days prior to data collection⁷⁶



Understanding the mechanisms that households employ in order to adapt to recent crises provides insights into the difficulties of their situation, and how likely they will be able to meet challenges in the future. **The options highlighted in red indicate "crisis" or "emergency" coping mechanisms.** These are coping mechanisms which may have long-term (potentially irreversible) negative impacts on individual safety and/or wellbeing.

% of households reporting **reasons for borrowing money or purchasing items on credit** (i.e. incurring debt) (top 6)⁷⁸



27%

of households reported spending any money (>0 BDT)⁸⁰ on **debt repayment** during the 30 days prior to data collection

Households in the assessed host communities reported accessing a diverse range of service providers to meet a variety of needs (such as health, education, or non-food items). These items or services are often associated with incurred costs. Spending on items and services is underpinned by access to livelihoods and participation in income-generating activities, as well as asset ownership. However, J-MSNA findings show that **socioeconomic conditions in host communities are still precarious. Roughly three-quarters of households reported engaging in coping mechanisms in order to meet basic needs in the month prior to data collection. Nearly three-fifths of households reported borrowing money or purchasing items on credit, often to meet basic health and food consumption needs.** Some households reported more extreme coping mechanisms, including selling labour in advance or withdrawing children from school. The fragility in socioeconomic conditions that permeates host community households should be interpreted in parallel with findings regarding the considerable proportion of households that report foregoing education for their children, seeking lower-quality medical care, or foregoing making improvements to their shelter, among other adaptive strategies that households reported employing during the present assessment.

⁷⁶ Respondents were asked whether anyone in the household had to engage in each of the reported behaviours due to a lack of money to meet basic needs in the 30 days prior to data collection. Respondents could choose more than one option.

⁷⁷ "Sold productive assets or means of transport" may include sewing machines, wheelbarrows, bicycles, livestock, etc.

⁷⁸ This question was only asked to households who had indicated borrowing money and/or purchasing items on credit when asked about coping strategies due to a lack of money to meet basic needs in the 30 days prior to data collection (n = 656). However, findings are presented as a proportion of all households. Respondents could choose more than one option. One per cent (1%) of households reported incurring debt/credit to buy animal feed, fodder or veterinary supplies, 1% reported "to pay ceremonies" and 1% reported "to pay house rent".

⁷⁹ The data collection period included the festival of Eid al-Adha, which may explain debt incurred to buy clothes/shoes.

⁸⁰ BDT - Bangladeshi Taka.

LINKS TO OTHER J-MSNA PUBLICATIONS

- [2019 Host Community J-MSNA Clean Dataset](#)
- [2019 Host Community J-MSNA Data Analysis Tables](#)
- [J-MSNA Dashboard](#)
- [2019 J-MSNA Key Findings Presentation](#)

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