

Multi-Sector Needs Assessment - Host Community

Ratna Palong Union, Ukhia Upazila, Cox's Bazar, Bangladesh

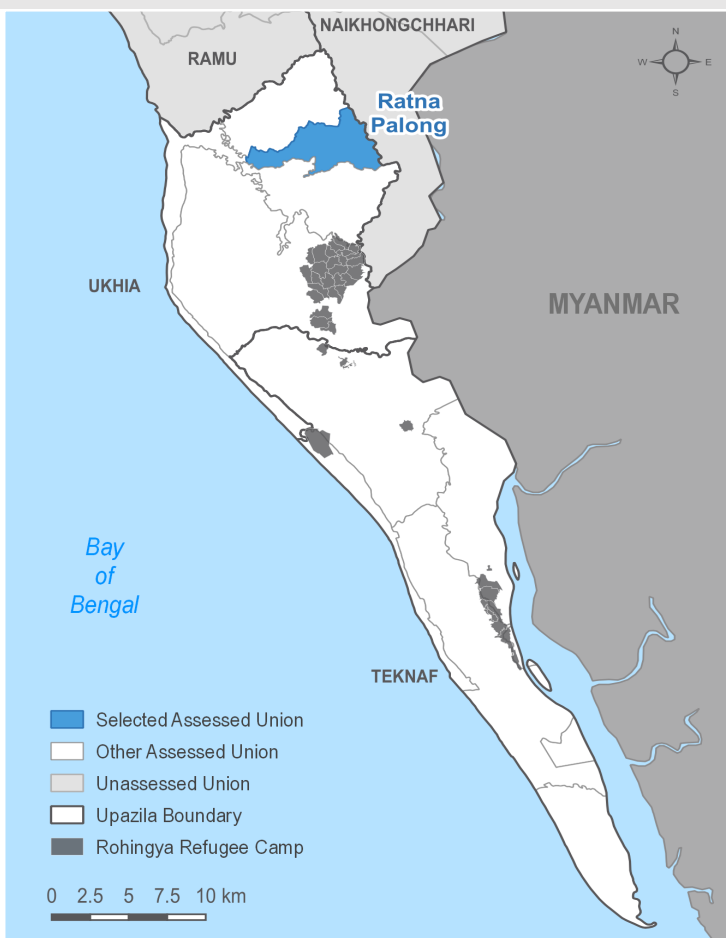


Humanitarian Aid
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Background and Methodology

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 a 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 Ratna Palong union. A household survey was conducted using a stratified random sample to produce results for Ratna Palong where 263 households, that comprised of 1,394 individuals. The results are generalisable to 95% confidence level and 6% margin of error for Ratna Palong. 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 - 4,238

Individuals - 22,524

Demographics

37.1

Average age of respondent

5.3

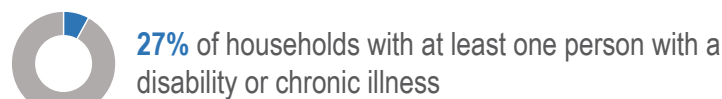
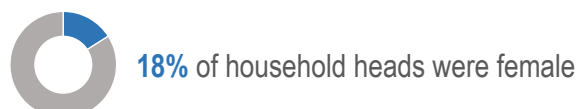
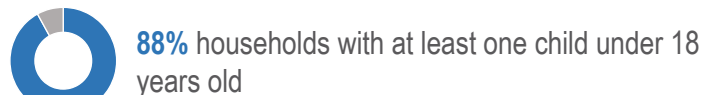
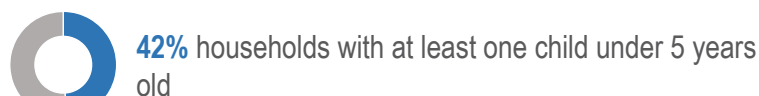
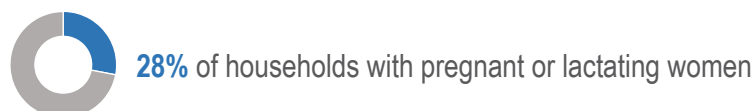
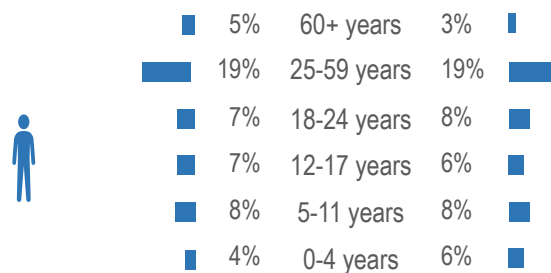
Average household size



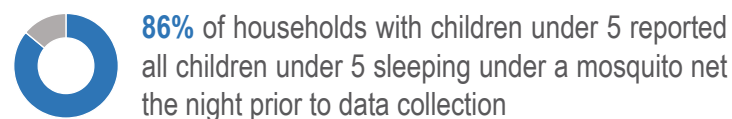
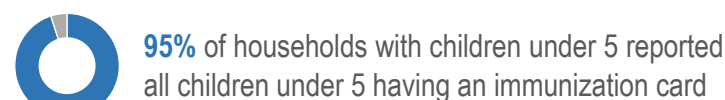
57% female respondents

43% male respondents

Composition of surveyed households



Health



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

2. In Bangladesh the Upazila Nirbahi Officer often abbreviated UNO, is the chief executive of an Upazila (sub-district) and a mid-level officer of the Bangladesh Civil Service (Administration Cadre)

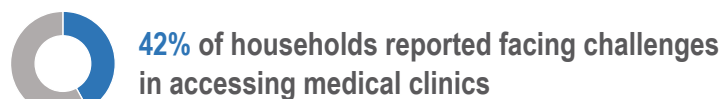
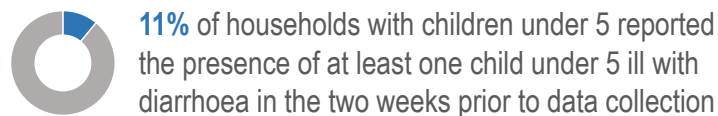
3. As reported by Bangladesh Bureau of Statistics in "District Statistics 2011 Cox's Bazar". See link: <http://www.bbs.gov.bd/site/page/2888a55d-d686-4736-bad0-54b70462afda/>

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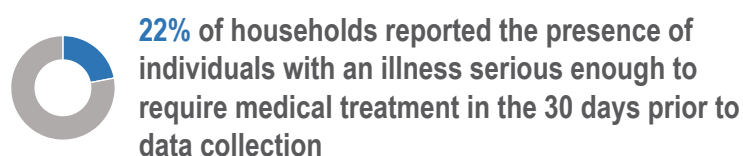
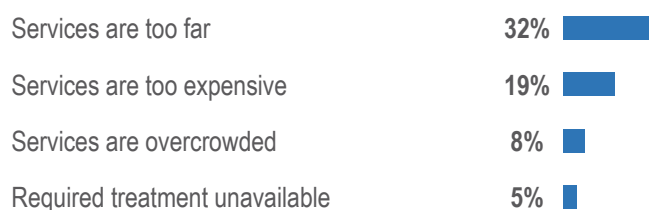
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% of households reporting facing challenges in accessing medical clinics, by challenges⁴

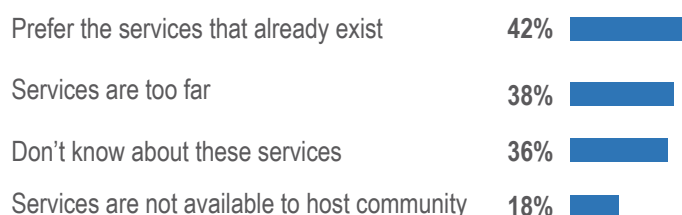


Of individuals reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection, **95%** individuals sought treatment for the illness⁵

Of individuals who sought treatment, % accessing different treatment sources⁶



Of 81% households not using facilities built for Rohingya influx, % reporting reasons for non-use⁷



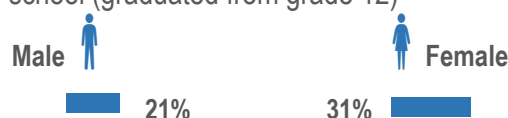
Education

% of individuals, by highest grade achieved

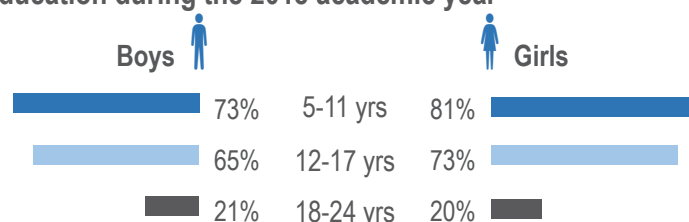
% of individuals aged 12-24 reported to have completed primary school (graduated from grade 5)



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



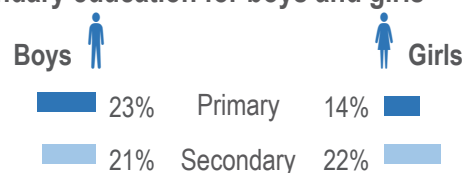
% of children and youth reported to be attending formal education during the 2018 academic year⁸



% of children and youth reported to be attending non-formal 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=135) and female (n=160)

6. Three most common treatment sources are shown.

7. Respondents could select more than one option.

8. Formal education includes government-run schools, Aliah madrassahs (madrassahs teaching government-certified curriculum), and private schools.

9. Nonformal education includes NGO schools, madrassahs other than Aliah madrassahs (and hence not government certified), and vocational training courses.

10. This question was only asked if respondent household contained boys/girls of primary (5-11) and secondary (12-17) school age.

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% 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	18%	12%	16%	16%
Services are too expensive	10%	4%	8%	14%
Safety concern at or on the way to facilities	9%	8%	6%	7%



2% of households reported receiving awareness training on child rights in the 6 months prior to data collection



2% of households reported receiving awareness training on importance of education in the 6 months prior to data collection



21% of households with children aged 5-11 reported receiving aid distribution from formal schools in the 6 months prior to data collection



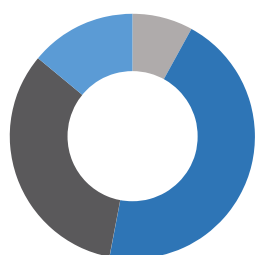
20% of households with children aged 12-17 reported receiving aid distribution from formal schools in the 6 months prior to data collection

% 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	3%	3%
Winterization kit	2%	2%
School supply	20%	18%

Shelter & Non-Food Items

% of households by shelter type¹³



8% Jhuprie
45% Kutcha
33% Semi Pucca
14% Pucca

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

Firewood	76%
LPG/gas cylinder	21%
Dried leaves/hay	3%



79% 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	87%
Less than 6 hours	13%



3% of households reported receiving training on how to protect their shelter from strong wind/cyclone.



3% of households reported receiving training on how to protect their shelter from flood

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

Cooking stove	63%
Solar lamp	45%
Kitchen set	36%
Blanket	36%
Latrine/bathroom	17%

11. Three most common education barriers are shown, and respondents could select more than one option. Sample size aged 5-11 boys (n=95) and girls (n=96) and aged 12-17 boys (n=92) and girls (n=84)

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=22) and children aged 12-17 (n=32)

13. In Bangladesh, housing is classified into four categories according to structure type and the materials used:

- 1) Jhuprie (temporary): are shacks made from branches, bags, tarpaulin, jute, etc.
- 2) Kutcha (temporary): made of mud, bamboo, wood and corrugated iron sheets (CIS) as roofs.
- 3) Semi-pucca (semi-permanent): where walls are made partially of bricks, floors are made from cement, and roofs from corrugated iron sheets.
- 4) Pucca (permanent): with walls of bricks and roofs of concrete.

14. Three most common primary fuels for cooking are shown.

15. This question was only asked to the 79% 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.

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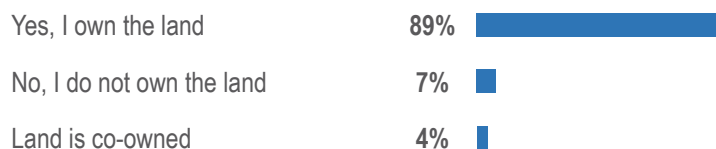
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21% of households reported having a solar light

Security of tenure

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



Of households who reported ownership of their plot of land or house, 74% reported holding the deed to it

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



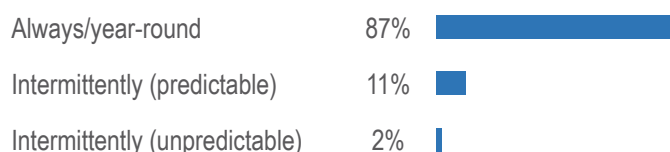
WASH

Water

% of households with access to improved drinking water sources

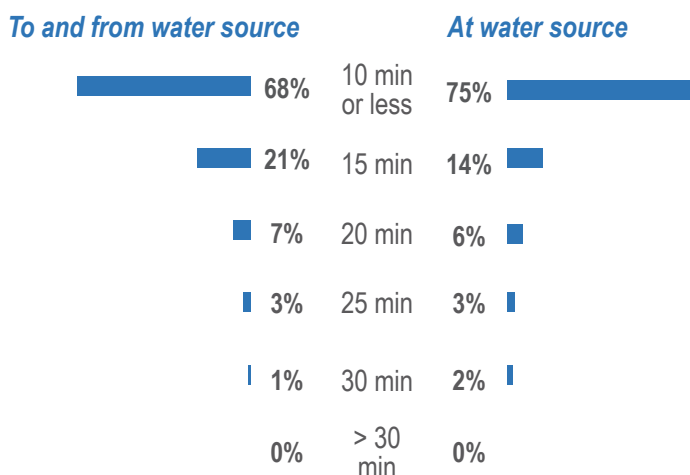
Primary drinking water sources	
✓ Improved water sources	100%
Piped water tap/ tapstand into settlement site	13%
Tubewells/borehole/handpump	86%
Protected dug well	1%
✗ Unimproved water sources	0%
Surface water (river, dam, lake, pond, stream, canal)	0%

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



79% 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



35% of households reported having problems collecting water

% of households reporting problems collecting water, by problem¹⁹

- 1 Water source is too far 19%
- 2 Water tastes bad 12%
- 3 Path to water source is too steep 9%



7% of households reported treating water before drinking

% of households reporting use of different water treatment practices²⁰

Household filters	4%
Cloth filters	3%
Boiling	1%

17. This question was asked to households that reported not owning land.

18. This question was asked only to the 100% respondents who reported improved sources of water as their primary water source.

19. Three most common problems of collecting water are shown, and respondents could select more than one option.

20. Three most common water treatment methods are shown, and respondent could select more than one option.

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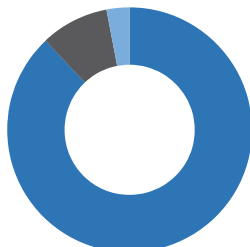


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Sanitation

% of households by reported usual defecation location

Household Latrine	88%
Communal Latrine	9%
Open defecation	3%



37% of households reported facing problems accessing latrines

% of households reporting problems accessing latrines, by problem²¹

1	Latrine is not safe	15%
2	Too many people using latrines	14%
3	Latrine is not private (i.e. people can see inside)	13%

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	36%
Stagnant water	14%
Human faeces	16%

Hygiene



61% 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	62%
After cleaning a child's bottom	12%
Before feeding children	12%



18% of households reported women facing problems with accessing menstrual hygiene materials²⁴

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

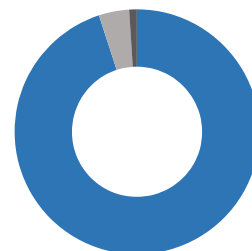
Too expensive	10%
Other needs are prioritized	10%
Not enough available in market	4%
Preferred type not available	3%



Food Security and Livelihood

% of households reporting primary food source

Market	95%
Own production	4%
Other	1%



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

Acceptable	58%
Borderline	30%
Poor	12%

21. Three most common problems accessing latrine are shown, and respondents could select more than one option.

22. Respondents were asked about solid waste, stagnant water and human faeces in three separate questions.

23. Respondents could select more than one option.

24. Questions on menstrual hygiene management were only asked to female respondents, by female enumerators.

25. The frequency weighted diet diversity score or "Food Consumption Score" is a score calculated using the frequency of consumption of 9 different food groups consumed by a household/individual during the 7 days before data collection. Based on the score they receive, households are categorised into food consumption groups indicating different levels of dietary diversity. Bangladesh-specific thresholds were used to make these calculations. See link: <https://www.wfp.org/content/coping-strategies-index-field-methods-manual-2nd-edition>

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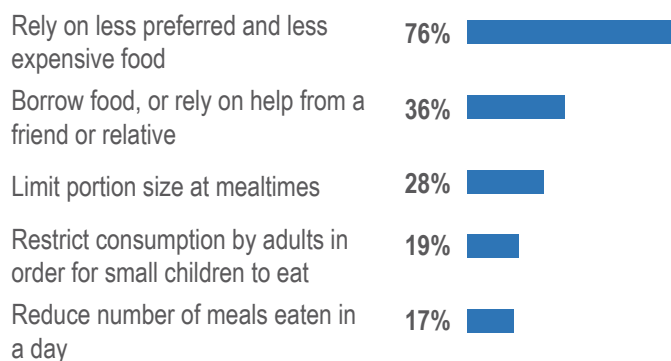
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Average household Coping Strategy Index (CSI) was 7 (out of a possible 56)²⁶

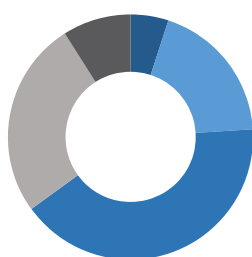
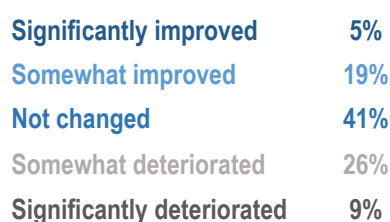
% of household reporting use of different consumption based coping strategy²⁷



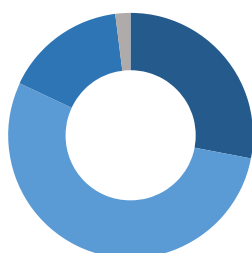
% of households reporting three main sources of income sustaining their household in the 30 days prior to data collection²⁸



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

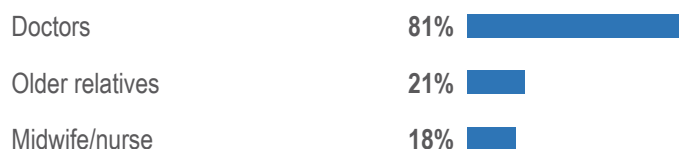


% of households reporting changes in cost of living in the 12 months prior to data collection



Nutrition

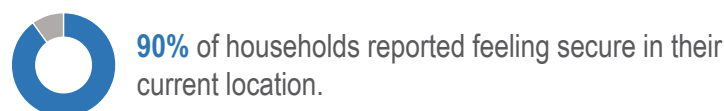
% of households where women of reproductive age were reported to have awareness of different sources of support for infant and young child feeding²⁹



Protection

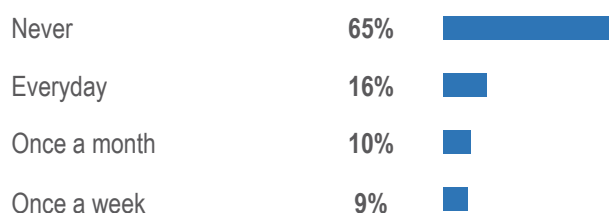


% of households reporting the presence of community based protection mechanisms³¹



Perceived attitudes and experiences regarding Rohingya refugees

% of households reporting different levels of interaction with Rohingya refugees



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 were 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=14) and female (n=78)

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?"

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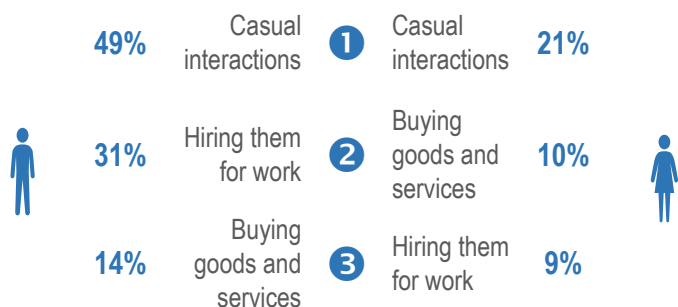


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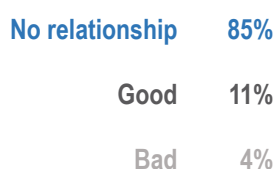
Of households who reported different levels of interaction with Rohingya refugees in the 30 days prior to data collection, % reporting different types of interaction³²

Male respondents

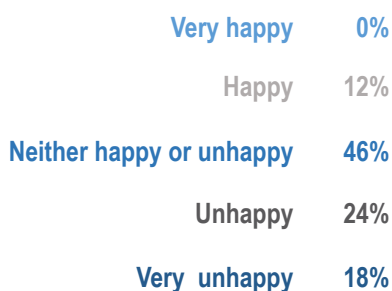
Female respondents



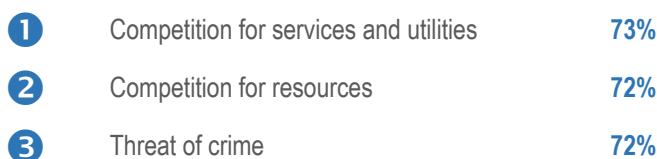
% of households reporting types of relationships with Rohingya refugees



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



Of 42% households who reported being unhappy or very unhappy with the presence of Rohingya refugees in their communities, % who gave different reasons³³



32. Three most common interactions are shown, and respondents could select more than one option.

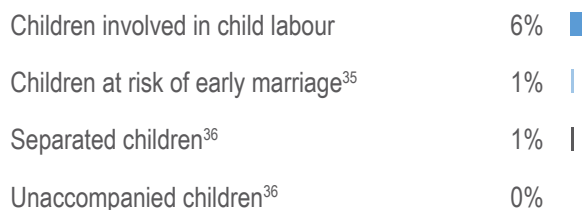
33. Respondents could select more than one option.



Child Protection



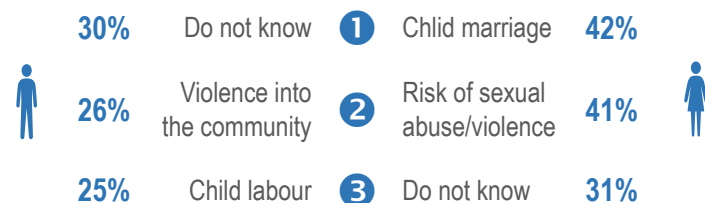
8% of households reported the presence of at-risk children³⁴



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

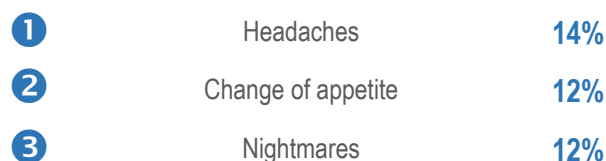
Risk for boys

Risk for girls



32% 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



34. Households were deemed to contain at-risk children if they reported the presence of at least one child that was separated, unaccompanied, at risk of early marriage, or involved in child labour.

35. For children at risk of early marriage, respondents were asked if there was anybody in the household under the age of 18 who was married or about to get married.

36. For separated and unaccompanied children, respondents were asked if any new members under the age of 18 had joined the household in the past 6 months (excluding births and marriages), and if so what their relationship to the head of household was. If children were related to the head of the household, they were categorised as separated; if not, they were categorised as unaccompanied.

37. Three most common safety risk for boys and girls are shown, and respondents could select more than one option.

38. Respondents could select more than one option.

39. Three most common symptoms of distress are shown. There were 14 other options including "none". 68% reported none. Question was framed as follows: "Within the past 30 days, have any children in this household experienced any of the following signs of distress?"; options were read out to respondents; respondents could select more than one option.

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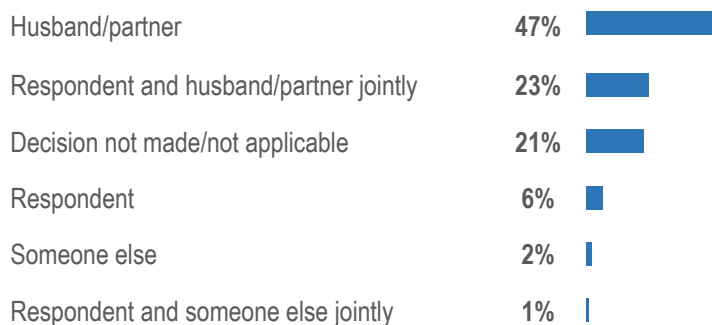


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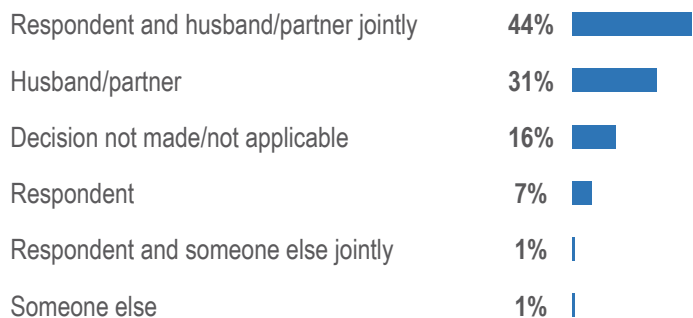
Gender Based Violence

% of women with final say on specified household decisions⁴⁰

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



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

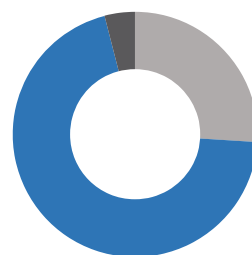
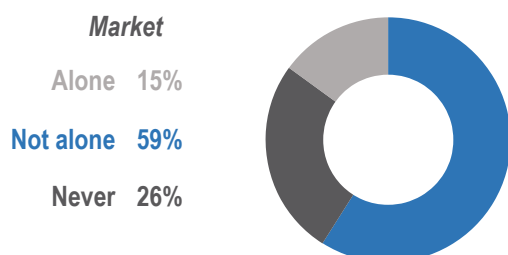


% of women that reported controlling the money needed to buy specified items⁴⁰

Items	Yes	No	Don't buy
Vegetables or fruits	38%	45%	17%
Clothes for yourself	37%	54%	9%
Any kind of medicine for yourself	34%	53%	13%
Toiletries for yourself	34%	49%	17%

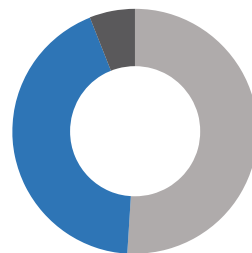
Freedom of movement for women⁴⁰

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



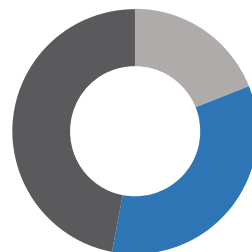
Health center

26%	Alone
70%	Not alone
3%	Never



Neighbours' home

51%	Alone
43%	Not alone
6%	Never



Local religious space

19%	Alone
34%	Not alone
47%	Never

% 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.	53%	40%	7%
If the wife is working outside the home, then the husband should help her with household chores.	73%	16%	11%
A married woman should be allowed to work outside the home if she wants.	19%	67%	14%
The wife has a right to express her opinion even when she disagrees with what her husband is saying.	8%	60%	32%
A wife should tolerate being beaten by her husband in order to keep the family together.	33%	51%	16%
It is better to send a son to school than it is to send a daughter.	10%	87%	3%
Women should have a say in important decisions in the community.	42%	39%	19%

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.

Multi-Sector Needs Assessment - Host Community

Ratna Palong Union, Ukhia Upazila, Cox's Bazar, Bangladesh



Humanitarian Aid
and Civil Protection



Communication with Communities

Early warning mechanism for cyclones

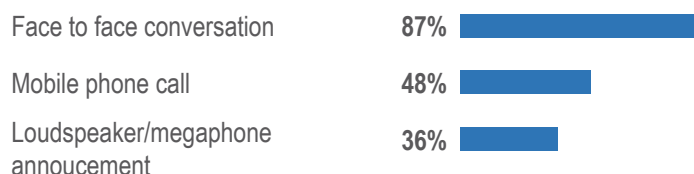


78% of households reported receiving early warning messages prior to the arrival of Cyclone Mora in May 2017



71% 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



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



% of households reporting different information needs⁴⁴

How to get more money/financial support	31%
How to get healthcare/medical attention	22%
None	17%
How to find work	16%
How to get shelter/accommodation/shelter materials	16%

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

43. Three most common preferred ways of providing feedback about services are shown, and respondents could select more than one option.

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