

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

BANGLADESH  
JUNE 2019

Refugee sites: Ukhiya

## CONTEXT AND METHODOLOGY

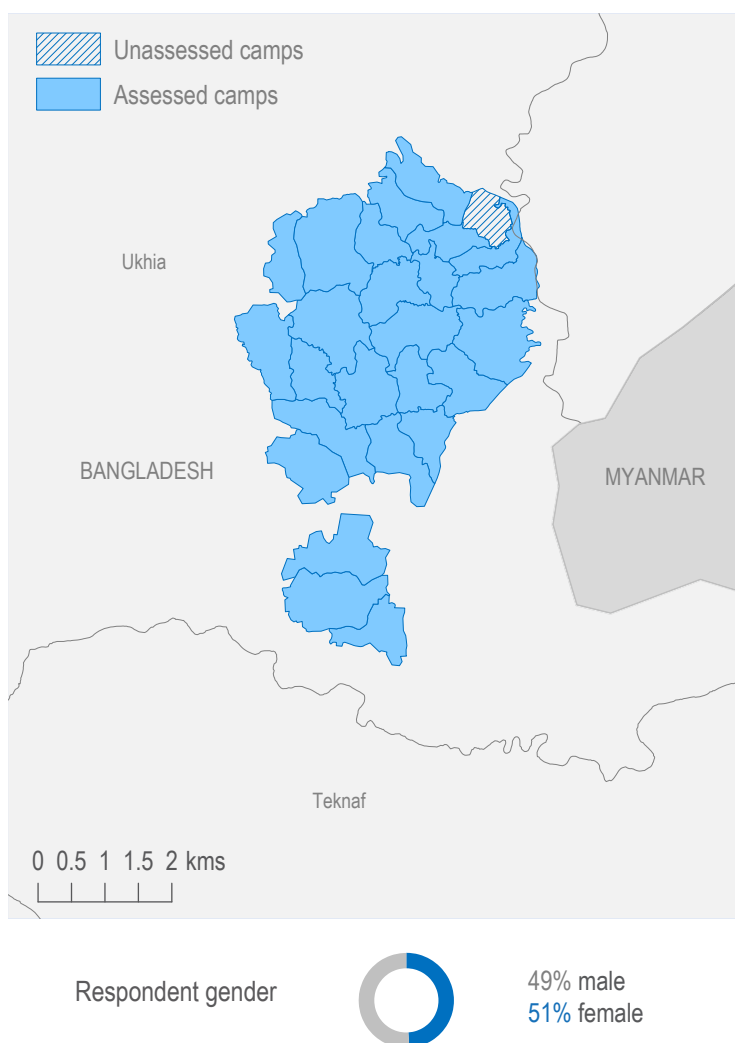
In successive waves over four decades, Rohingya refugees have been fleeing to Bangladesh from Rakhine State, Myanmar, where they have suffered systematic, ongoing persecution. Since August 2017, an estimated 745,000 Rohingya refugees have arrived in Cox's Bazar, Bangladesh, increasing the total number of Rohingya refugees to more than 900,000.<sup>1</sup> Most of the newly-arrived refugees have settled in hilly, formerly-forested areas that are vulnerable to landslides and flash-flooding in monsoon season and rely heavily on humanitarian assistance to cover their basic needs. As the crisis moves beyond the initial emergency phase, comprehensive information on the needs and vulnerabilities of affected populations 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 across Rohingya refugee populations to support humanitarian planning and enhance operational and strategic decision-making. The J-MSNA was conducted in support of the mid-term review of the [2019](#)

[Joint Response Plan \(JRP\)](#), with the specific objective of enabling the tracking of JRP 2019 indicators for monitoring and review purposes.

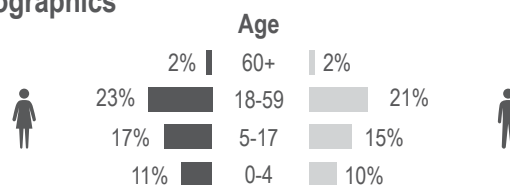
A total of 876 households were surveyed across 33 refugee sites,<sup>2</sup> employing a simple random sampling methodology of shelter footprints within official site boundaries. Each survey was conducted with an adult household representative responding on behalf of the household and its members. Findings are generalisable to refugee populations living within each of the two Upazilas<sup>2</sup> with a 95% confidence level and 5% margin of error. This factsheet presents key findings from Ukhiya, where 450 households were surveyed between 9 - 24 June 2019.

This J-MSNA was funded by UNHCR and coordinated through the MSNA Technical Working Group of the Information Management and Assessment Working Group (IMAWG), led by the Inter-Sector Coordination Group (ISCG) and comprised of: UNHCR, IOM Needs and Population Monitoring (NPM), ACAPS, WFP VAM, Translators without Borders, and REACH.

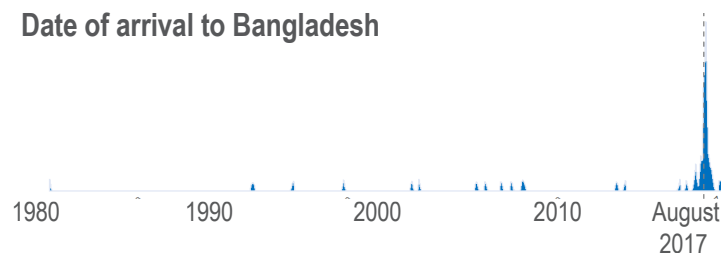


## POPULATION PROFILE

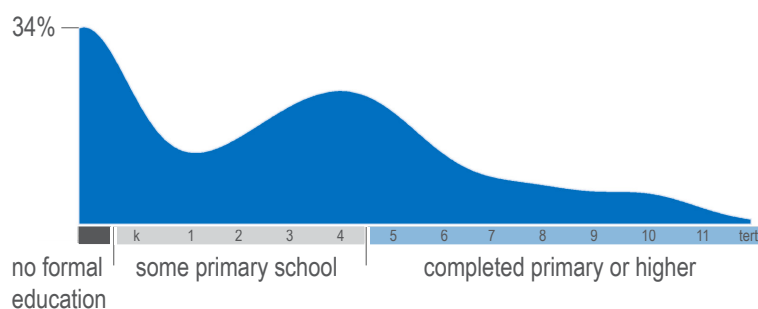
### Demographics



### Date of arrival to Bangladesh



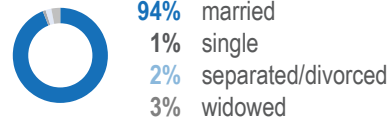
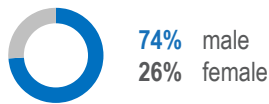
### Highest level of education in household



<sup>1</sup> [2019 Joint Response Plan for Rohingya Humanitarian Crisis](#)

<sup>2</sup> Kutapalong Registered Camp (in Ukhiya Upazila) was not included in the sampling frame due to access restrictions.

## HEAD OF HOUSEHOLD<sup>3</sup> PROFILE

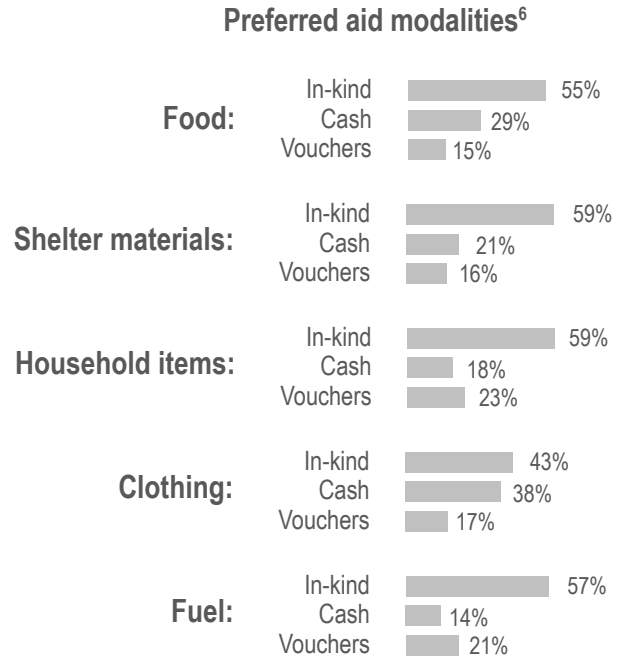


## COMMUNITY PERCEPTIONS AND PRIORITIES

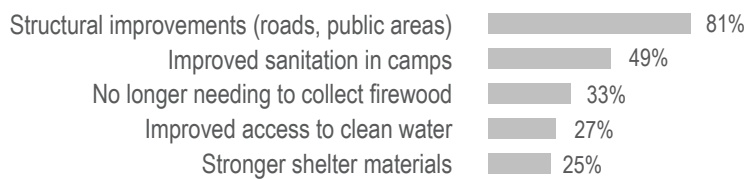
Top 5 household-ranked priority needs by their average weighted score,<sup>5</sup> by gender of respondent

A higher value indicates that respondents prioritised this intervention above others. Maximum value of 3.

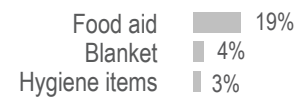
	Female	Male
1 - Access to food	1.12	1.53
2 - Shelter materials/upgrade	1.12	1.12
3 - Electricity (solar, battery)	0.68	0.55
4 - Clean drinking water	0.42	0.23
5 - Fuel	0.4	0.33



% of households reporting aspects that are going well with the aid and services they have received in the past 6 months<sup>7</sup>:



% of households reporting having sold or exchanged items in the 6 months prior to data collection:



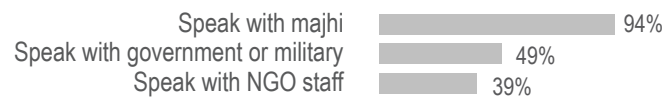
## COMMUNICATIONS WITH COMMUNITIES

**51%** of households reported knowing where to find an InfoHub

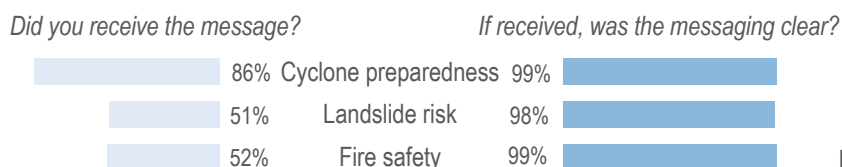
**55%** of households reported being consulted in the past 6 months about the type of aid or support needed

**55%** of households reported being aware of ways to provide feedback or complaints about assistance

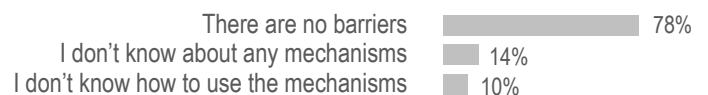
**55%** of households reporting mechanisms they are aware of<sup>8</sup>



% of households reporting on key messaging:



% of households reporting potential barriers if they wanted to provide feedback about assistance<sup>7</sup>



<sup>3</sup> Self-reported by respondent, defined as the individual who makes decisions on behalf of the household. Following J-MSNA data collection, qualitative group discussions with male and female Rohingyas indicated that the designation of "head of household" may be associated with the introduction of registration cards. Participants explained that the primary holder of the card was often considered the head of household even if that individual would not otherwise be considered as such. Participants also reported that the registration cards often listed a family member who was more likely to be contactable at home (often a female member) even if they were not considered to be the main decision-maker.

<sup>4</sup> The Washington Group Short Set of Disability questions were asked to each respondent regarding the head of household. Findings shown are calculated using the "Disability-3" categorisation.

<sup>5</sup> Priority ranking scores are calculated using 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. Aggregated ranking scores are then divided by the total sample size, providing a score out of a maximum of 3.

<sup>6</sup> Households' preference for modalities to meet each specific need was asked only if households identified it as a priority. Sample sizes are as follows: food (n = 240), shelter (n = 237), household items (n = 101), clothing (n = 77), fuel (n = 108).

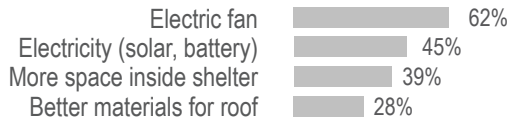
<sup>7</sup> Respondents could cite a maximum of 3 options.

<sup>8</sup> Respondents could select as many mechanisms as applicable.

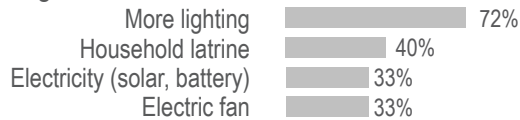
## SHELTER, NON-FOOD ITEMS, AND SITE MANAGEMENT

### % of households reporting priority improvements needed for their current shelter<sup>9</sup>

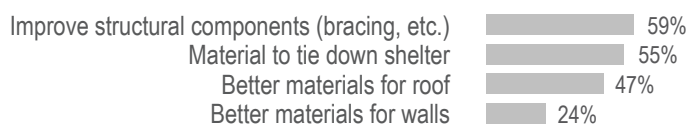
#### — during the day:



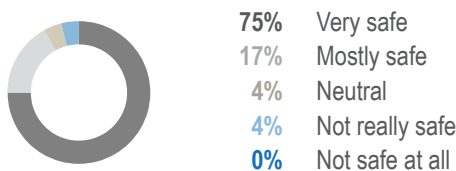
#### — during the night:



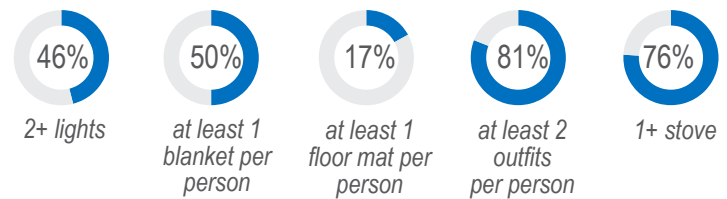
#### — during heavy rain and wind:



### % of households reporting feelings of safety in their shelter:



### % of households reportedly in possession of:

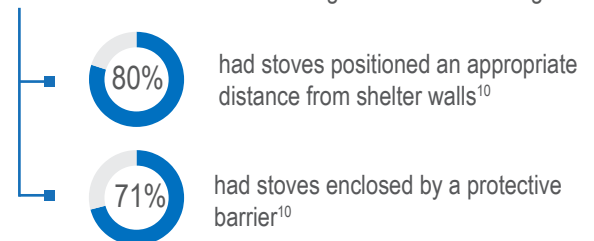


51%

of households reported facing challenges preparing or serving food in the week prior to data collection due to a lack of kitchen items (pot, cooking or serving utensils)

71%

of households reported using exclusively liquid propane gas (LPG) for cooking in the week prior to data collection. Among all households using LPG:



70%

of households reported *not enough* light at night for household members to safely access latrines

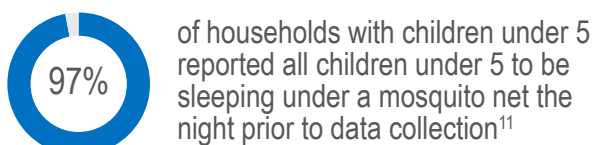
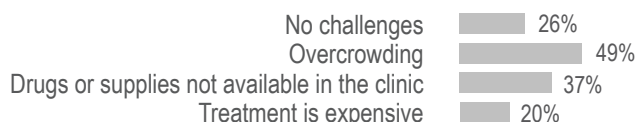
## HEALTH AND NUTRITION

40% of individuals were reported as having an illness serious enough to seek medical treatment in the month prior to data collection (self-reported). Among these individuals:

#### % of individuals reported to have accessed sources of treatment:

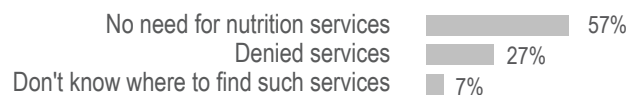


#### % of individuals reported to have faced challenges in accessing medical clinics:

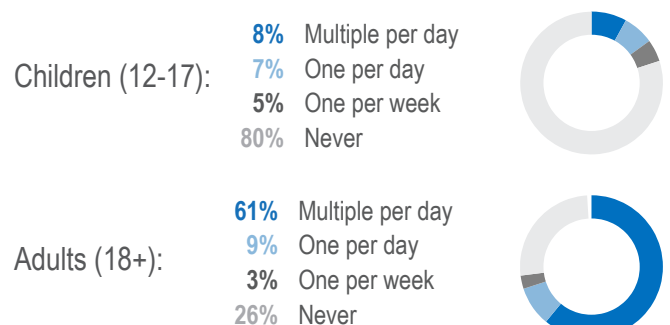


Among the 70% of households with a child under 5 years<sup>11</sup>, 66% accessed nutrition services since arriving to the site. Among households who did not access services:

#### % of households reporting reasons why they *did not* access nutrition services:



### % individuals by frequency of reported betel nut consumption<sup>12</sup> in the week prior to data collection:



<sup>9</sup> Respondents could select up to three improvements. Top four responses shown.

<sup>10</sup> Self-reported by respondent. An appropriate distance was estimated by the length of an extended hand, as per Sector guidance.

<sup>11</sup> Sample size of households with at least one child under five years of age: 291.

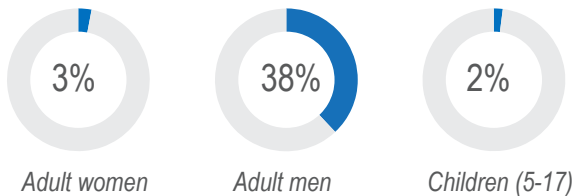
<sup>12</sup> Betel nut is a commonly-used substance in South(east) Asia and the Pacific. It is often chewed in a mixture of substances such as tobacco, wrapped in leaves and coated with lime. It is considered to be an addictive substance and a risk factor for oral cancer and other noncommunicable diseases.

## LIVELIHOODS AND FOOD SECURITY

**43%** of households reported at least one individual working for an income during the month prior to data collection

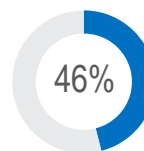
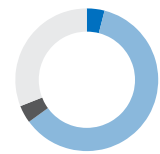
**30%** of households reported at least one individual working for a *cash-for-work program*<sup>13</sup> during the 30 days prior to data collection

% of individuals reported to have worked for an income in the month prior to data collection:



% of households by severity of coping strategy<sup>14</sup> used in the month prior to data collection:

4% Emergency  
61% Crisis  
4% Stressed  
31% Minimal/None



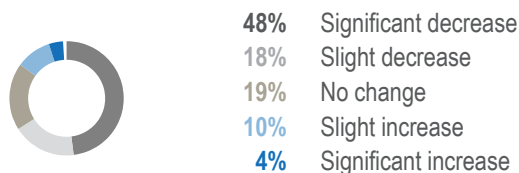
of households reported taking on new debts

% reporting primary reasons for new debts:

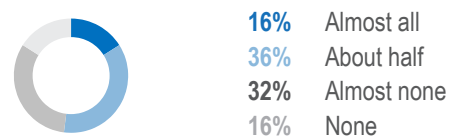
Purchase food 40%  
Medical expenses 32%  
Purchase household items 15%

## COMMUNITY DYNAMICS

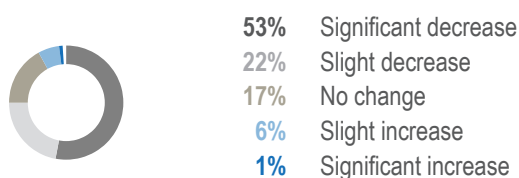
% of households reporting changes in the amount of *verbal threats* in their block in the past 6 months



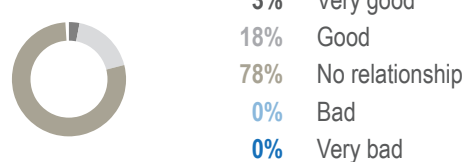
% of households reporting the extent to which they knew others in their current block pre-displacement



% of households reporting changes in the amount of *physical fights* in their block in the past 6 months



% of households reporting different relationships with host community



**28%** of households reported seeing any physical fights in their block in the past 6 months

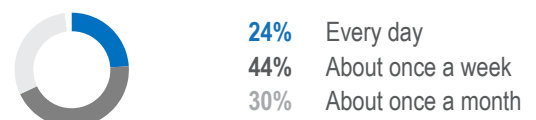
% of households reporting suggested interventions to improve relationships between households<sup>15</sup>

Advice about safety issues 46%  
Increase access to water 36%  
Dispute resolution mechanisms 32%  
Support to reducing domestic disputes 21%  
Better management of camps 21%

% of households reporting different interactions with the host community in the month preceding data collection<sup>16</sup>

No interactions 77%  
Casual interactions (with strangers on the street) 15%  
Social interactions (e.g. sharing meals) 1%  
Working for them 1%

Among households who had interacted with the host community, % of households reporting estimated frequency of interactions



<sup>13</sup> Respondents were asked whether household members worked for an income paid for by the United Nations or an NGO program.

<sup>14</sup> The coping strategies were categorised as follows:

*Emergency:* 1) Children (under 15 years old) are working to contribute to household income; 2) Children (15-17) are working long hours (>43 hours) or work in hazardous conditions; 3) Marriage of children under 18; 4) Begging

*Crisis:* 1) Buying food on credit; 2) Taking on new debts; 3) Adults (18+) are working long-hours (>43 hours) or in hazardous conditions

*Stressed:* 1) Selling household goods; 2) Selling jewelry/gold; 3) Spending savings; 4) Collecting firewood for selling

<sup>15</sup> Respondents could cite a maximum of 3 options.

<sup>16</sup> Respondents could select as many interactions as applied.