

Joint Multi-Sector Needs Assessment (J-MSNA)

BANGLADESH
Host Community

July - August 2020

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 860,000.¹ The presence of the 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 As the crisis moved 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.

At the same time, the global COVID-19 pandemic and associated control measures have limited access to livelihoods/income-generating activities, goods, and services among host communities since March 2020, likely exacerbating levels of needs. An understanding of how household-level needs, capacities and access to services have been impacted throughout the lockdown period³ will therefore be essential for 2021 response planning.

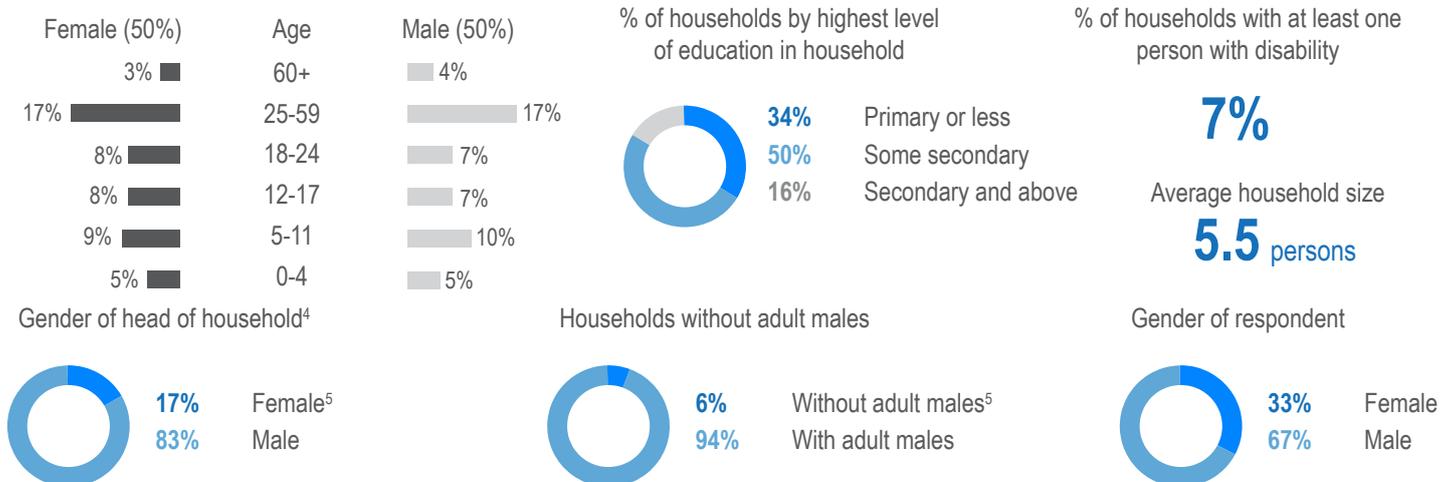
Against this background, a Joint Multi-Sector Needs Assessments (J-MSNA) was conducted in the host community to support detailed humanitarian planning and enhance the ability of operational partners to meet the strategic aims of donors and coordinating bodies. To date, a number of MSNAs have been implemented to support the response. The 2020 J-MSNA aims to provide an accurate snapshot of the situation with the specific objectives of (1) providing a comprehensive evidence base of household-level multi-sectoral needs to inform the 2021 Joint Response Plan (JRP); (2) providing an analysis of how needs have changed in 2020 with an emphasis on the impact of the COVID-19 pandemic on multi-sectoral needs; and (3) providing the basis for a joint multi-stakeholder analysis process.

A total of 911 households, composed of 5,046 individuals, were surveyed across all 11 Unions of Teknaf and UKhiya. Households were sampled from United Nations High Commissioner for Refugees (UNHCR) host community survey data covering areas within 6 km of UNHCR camps as well as International Organization for Migration (IOM) and UNHCR beneficiary databases using a simple random sampling approach. Data collection took place between 28 July and 13 August 2020. Each survey was conducted with an adult household representative responding on behalf of the household and its members.

Findings in this factsheet are presented at the overall response level and generalisable to all host community households included in the sampling frame with a 95% confidence level and 5% margin of error, unless stated otherwise. Findings can further serve as a proxy of the wider host community, including all households living in Teknaf and Ukhiya. A more detailed methodology, as well as caveats and limitations, may be found under "Background & Methodology" on page 2.

This J-MSNA was funded by UNHCR, IOM and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). The assessment was coordinated through the Inter-Sector Coordination Group's (ISCG) MSNA Technical Working Group (TWG) of the Information Management and Assessment Working Group (IMAWG), led by the ISCG and comprised of: UNHCR, IOM Needs and Population Monitoring (IOM NPM), ACAPS, and REACH.

POPULATION PROFILE



¹ Inter Sector Coordination Group (ISCG), *Situation Report Rohingya Refugee Crisis, Cox's Bazar, Bangladesh, June 2020* (Cox's Bazar, 2020). Available [here](#) (accessed 7 September 2020).

² United Nations Development Programme (UNDP), *Impacts of the Rohingya Refugee Influx on Host Communities* (Cox's Bazar, 2018). Available [here](#) (accessed 7 September 2020).

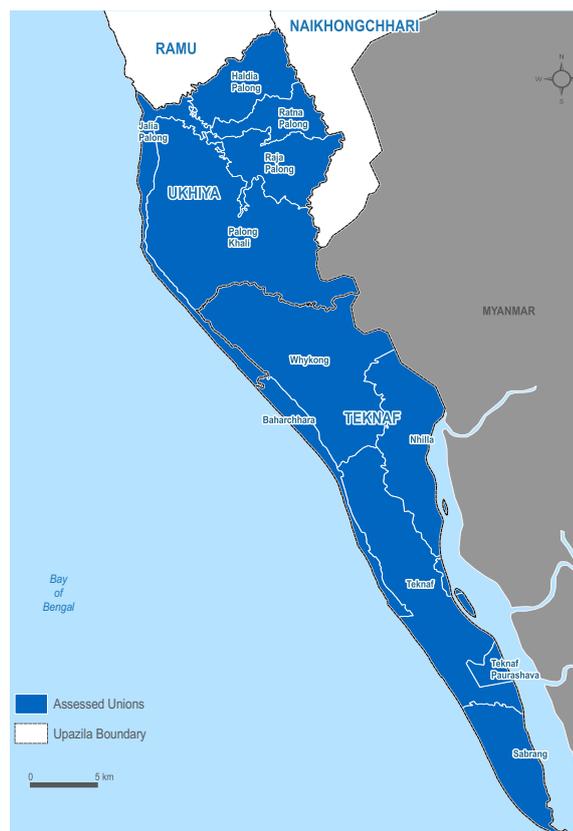
³ On **March 22**, the Government of Bangladesh issued directives closing all non-essential businesses and offices and calling upon people to stay at home, except when needed to meet essential needs. The Refugee Relief and Repatriation Commissioner (RRRC) similarly announced on 24 March that humanitarian operations would move to essential services only.

⁴ Numbers are rounded. They do therefore not always add up to 100%.

⁵ The proportion of households without adult males was calculated in addition to the proportion of female-headed households as a proxy for female-headed households with a female person being the main decision-maker in the household.

BACKGROUND & METHODOLOGY

- **Assessment design:** Indicator identification and tool development were done in close consultation with all sectors. The tools were then finalised by the MSNA TWG.
- **Sampling strategy and household selection:** Target sample sizes for each Union were based on Bangladesh census data. Due to the absence of a comprehensive sampling frame, a sampling frame was constructed using partners' household registration as well as beneficiary databases. The primary source was UNHCR survey data covering host community populations living within 6 km from UNHCR camps. The proportion of the sample for each Union drawn from this database was equal to the proportion of households from the Union included in the database. The remaining share of the sample was drawn from IOM and UNHCR beneficiary lists, covering to the degree possible areas within the targeted Unions not included in the UNHCR survey data. Additional buffer points were sampled to account for instances of non-eligibility or non-response. As interviews were conducted over the phone, with phone ownership known to be more prevalent among men, to ensure adequate representation of female respondents, female-headed households were sampled proportionately to their representation in the databases.
- **Data collection:** Data was collected remotely over the phone from 28 July to 13 August 2020. Enumerators underwent a three-day online training and a two-day pilot to familiarise themselves with the tool, data collection protocols, the code of conduct and basic protection principles. Sector representatives directly trained enumerators. 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 pre-established standard operating procedures, including outlier checks, correct categorisation of "other" responses, and removal and/or replacement of inaccurate records. All changes to the dataset were documented in a cleaning log.
- **Data analysis:** Basic descriptive and exploratory statistical analysis was conducted, including (1) weighted proportions; (2) statistical significance testing for groups of different demographic characteristics; and (3) comparisons to 2019 results for indicators also included in the 2019 J-MSNA (no statistical significance testing was conducted for 2019-2020 comparisons). Data was further analysed by gender of respondent for indicators, for which differences between male and female respondents were expected, and disaggregated results are presented in cases in which such differences were large.



CAVEATS AND LIMITATIONS

- **Phone interviews:** Due to restrictions on movement, access to camps and face-to-face interviews as part of the COVID-19 preventative measures, all interviews were conducted via the phone. This created some challenges and limitations:
 - Given expected poor connectivity and the lack of personal interaction during a phone interview, questionnaire size was limited to avoid losing respondents' attention.
 - As privacy cannot be ensured during phone interviews, in order to avoid creating risks to respondents, sensitive topics were not included in the assessment.
 - As phone ownership is more prevalent among men, a lower proportion of female respondents were reached than might have been reached during an in-person survey.
- **Proxy:** Data on individuals was 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 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 - only 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 of complex issues. Thus, questions on "how" or "why" (e.g. reasons for incurring debt, differences between population groups, etc.) are best suited to be explored through the accompanying qualitative component. The unit of measurement for this assessment was the household, which does not allow to assess 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 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 had 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 following months of limited service provision/access to livelihoods due to COVID-19 related restrictions; (2) implemented during the monsoon season; and (3) included the festival of Eid-al-Adha.
- **Sampling frame:** As the sampling frame did not cover the entire host community population, results can only be considered representative of the population included in the sampling frame. At the same time, however, they can serve as a proxy of the entire host community population of Teknaf and Ukhiya.

KEY FINDINGS

PRIORITY NEEDS

- The most commonly reported needs included access to food as well as access to cash (excluding cash for work), reflecting the impact of the COVID-19 outbreak and associated control measures on food security and livelihoods.
- Other high-ranking needs included shelter materials, access to income-generating activities/employment and access to drinking water.



COMMUNICATION WITH COMMUNITIES

- While households generally reported not having faced problems providing feedback or complaints, 63% of households rarely or never felt consulted about needs, preferences and the delivery of humanitarian assistance.
- As opposed to cyclone-related messaging, most households reported having received clear COVID-19 awareness messages. However, less-educated households were significantly less likely to report receiving any type of clear awareness information.
- Households reported large information gaps, in particular relating to protection, nutrition and remote education.



FOOD SECURITY & LIVELIHOODS

- While most households may not have lost their income entirely as a result of the COVID-19 outbreak, 93% of households reported lost/diminished income. This is further reflected in a fivefold increase in the proportion of households in 2020 reporting savings as a source of income compared to 2019.
- Food consumption scores worsened considerably compared to 2019, with the proportion of households with an acceptable food consumption score having decreased from 72% to 43%.



WATER, SANITATION & HYGIENE

- 23% of households reported not having enough water to meet domestic needs.
- Reports of adult household members practising open defecation (reported by 14% of households) and visible waste in the vicinity of their accommodation (reported by 11% of households) suggest possible gaps in sanitation infrastructure.



HEALTH

- Only 3% of households perceived sickness to have been an impact of the COVID-19 outbreak. However, findings show health-seeking behaviour reduced and households increasingly adopted health-related coping mechanisms compared to 2019.



NUTRITION

- With limited nutrition support from humanitarian actors across the surveyed areas, only 15% of children aged 6-59 months and 12% of pregnant/lactating women were reportedly enrolled in nutrition-feeding programmes.



PROTECTION

- At the community level, child protection issues reportedly increased since the COVID-19 outbreak, most notably child labour and child marriage. Further, households reported increases in psychosocial distress, violence against children and children going missing.
- Respondents raised individual protection concerns, including the vulnerability of single female-headed households and people with disability.



EDUCATION

- One quarter of households reported that the COVID-19 outbreak disrupted education. At the same time, 31% of households reported that school-aged children were not attending any formal learning before the COVID-19 outbreak.



SHELTER & NON-FOOD ITEMS

- Issues with housing remained a common concern for the majority of households. One quarter of households reportedly were not able to make improvements to their housing despite having reported issues, largely due to a lack of money to pay for materials.



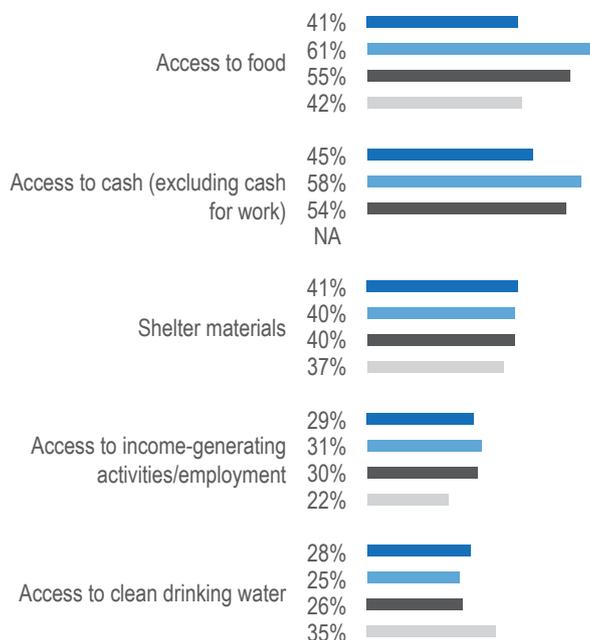
COPING CAPACITIES

- The proportion of households reporting adopting livelihoods-based coping strategies in the 30 days prior to data collection, including emergency/crisis coping strategies, increased from 72% in 2019 to 99% in 2020, suggesting an erosion of coping capacities.
- Households without adult males/males of working age as well as small households and households with people with disabilities were significantly more likely to report adopting emergency/crisis coping strategies. This indicates a greater vulnerability towards livelihood shocks.

COMMUNICATION WITH COMMUNITIES (CWC) AND PRIORITY NEEDS

PRIORITY NEEDS

% of households reporting priority needs (top 5, unranked)^{6,7}



- Female respondents⁸
- Male respondents
- All respondents
- 2019 (all respondents)⁹

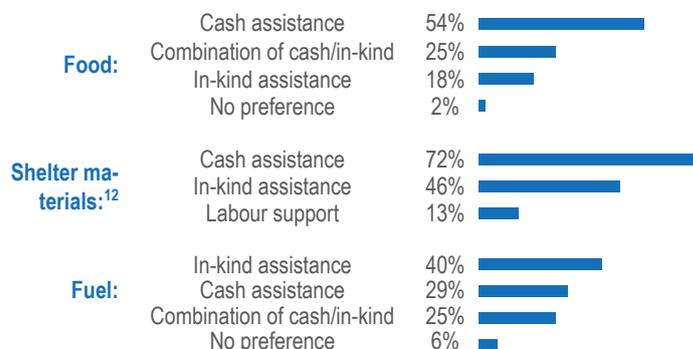
Top 5 household-ranked priority needs by their average weighted score^{6, 10}

1	Access to food	1.22
2	Access to cash (excluding cash for work)	1.21
3	Shelter materials	0.87
4	Access to income-generating activities	0.66
5	Access to clean drinking water	0.52

A higher value in the table of ranked priority needs indicates that respondents prioritised this intervention above others, therefore highlighting the relative importance of each intervention. The maximum value possible was three. Compared to 2019⁹, in particular, access to food as well as access to cash/income-generating activities were considered priority needs by a considerably higher proportion of households, reflecting the impact of the COVID-19-related restrictions on livelihoods.

PREFERRED AID MODALITIES

Of households reporting different priority needs, % reporting preferred modalities of assistance to meet each need¹¹



COMMUNITY PERCEPTIONS

% of households reporting having received aid in the 6 months prior to data collection **24%**

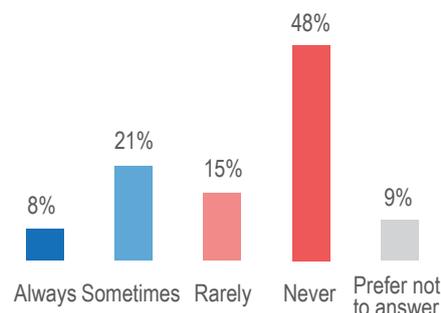


of households having received aid, reported having faced **challenges providing feedback or complaints**, when they had to, since the COVID-19 outbreak¹³

Most frequently reported challenges¹⁴

- Tried but the process is too complicated/troublesome
- Did not know where/whom/how to provide feedback
- Provided feedback/complaint but received no response

% of households reporting having been **consulted** about needs, preferences and the delivery of humanitarian assistance since the COVID-19 outbreak



⁶ Respondents were asked to report the top three priority needs for which their family required additional support, and then rank the 3 identified needs in order of importance.

⁷ This figure presents the proportion of households that named each option as a top three priority need, regardless of rank.

⁸ Results for female respondents are representative with a +/- 6% margin of error.

⁹ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Host Communities in Teknaf and Ukhiya, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

¹⁰ Rankings were analysed 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 at which each respondent ranked it. Options ranked as the #1 need scored three points, #2 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.

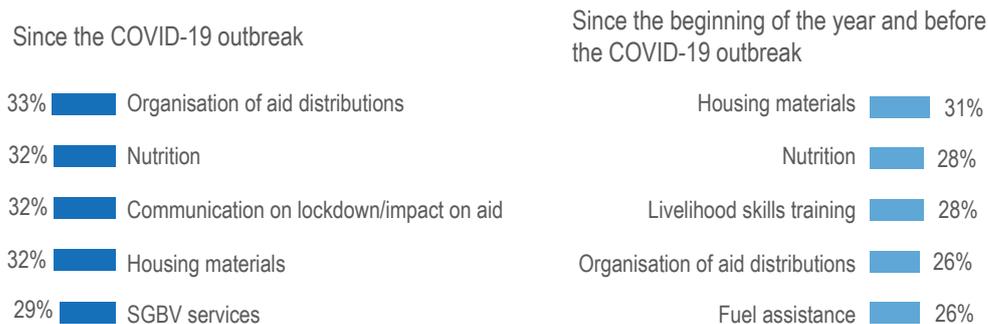
¹¹ Respondents were asked their preferred modality to receive these items if they reported any of them as a top three priority need. The denominator for each indicator is as follows: Food, n = 498; Shelter materials, n = 362 (results are representative with a margin of error of +/-6%); Fuel, n = 141 (results are representative with a margin of error of +/-9%). Results for the preferred modality to receive household/cooking items are not representative.

¹² Respondents could choose more than one option. Between 1% and 2% of households reported "Vouchers for materials", "Combination of in-kind, cash and vouchers", "Technical assistance" and/or "No preference".

¹³ The denominator for this indicator is all households having received assistance (n = 217). Results are representative with a +/- 7% margin of error.

¹⁴ Respondents could choose up to 3 options. The denominator for this indicator is all households that faced challenges (n = 16). Results are not representative.

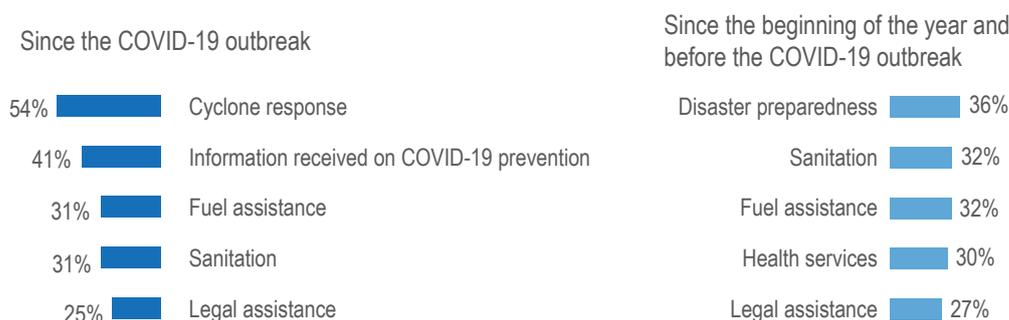
Of households having received aid, % reporting assistance/services that **did not go well** (top 5)¹⁵



Of households reporting assistance that did not go well, % of households reporting **reasons** (top 5)¹⁶

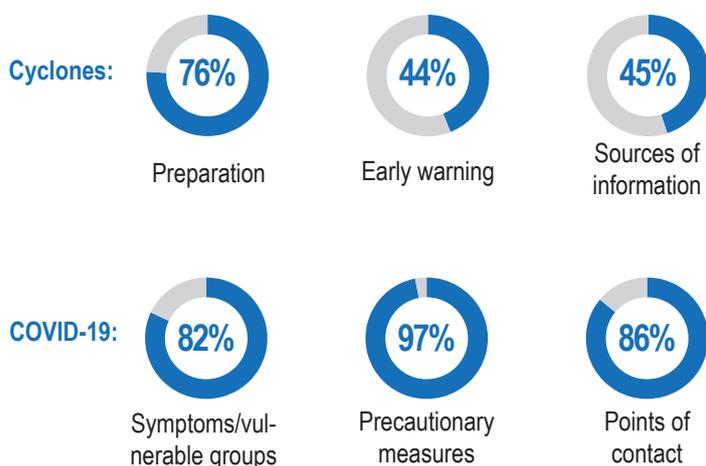
- Assistance not frequent enough **56%**
- Assistance not enough **43%**
- Assistance not useful **35%**
- Services too far **10%**
- Unfriendly staff **3%**

Of households having received aid, % reporting assistance/services that **went well** (top 5)¹⁵



INFORMATION RECEIVED

% of households reporting having received **clear awareness information**, by topic



Households with adult males and those with secondary education and above were found to be significantly more likely to report receiving clear awareness information.

% of households reporting having received **enough information about humanitarian assistance** since the COVID-19 outbreak¹⁷

- Food assistance 54%
- Sanitation 24%
- Health services 19%
- Non-food items 19%
- Livelihoods 14%
- Water 12%
- Protection 7%
- Nutrition 6%
- Remote education 2%

Households with primary education or less were found to be significantly more likely to report receiving enough information, while households with secondary education and above found to be significantly more likely to report not receiving enough information.

Of households not having received enough information, % of households reporting **reasons** (top 6)¹⁸

- I did not ask **35%**
- Information is not shared often enough **27%**
- No door to door information sharing **22%**
- Did not know where to get information **18%**
- Not enough information on services available **18%**
- Information shared was not adequate/new **12%**

¹⁵ The denominator for this indicator is all households having received assistance (n = 217). Results are representative with a +/- 7% margin of error. For each type of assistance, households were asked to specify, if they thought the assistance provided had gone well, not gone well, they had not received this type of assistance or they did not know/preferred not to answer.

¹⁶ Respondents could choose up to 3 options. The same question was asked to households reporting not having been satisfied with the assistance received since the COVID-19 outbreak and households reporting not having been satisfied with the assistance received since the beginning of the year and before the COVID-19 outbreak. The results presented above reflect the reasons for not having been satisfied since the COVID-19 outbreak. The denominator for this indicator therefore is all households not having been satisfied since the COVID-19 outbreak (n = 113). Results are representative with a +/- 10% margin of error. Reasons for not having been satisfied since the beginning of the year and before the COVID-19 outbreak differed by a maximum of four percentage points from the results presented above.

¹⁷ The denominator for this indicator is all households having received assistance (n = 217). Results are representative with a +/- 7% margin of error.

¹⁸ Respondents could choose up to 3 options. The denominator for this indicator is all households reporting not having received enough information (n = 203). Results are representative with a +/- 7% margin of error.



FOOD SECURITY & LIVELIHOODS

FOOD CONSUMPTION

% of households by **Food Consumption Score (FCS)**¹⁹

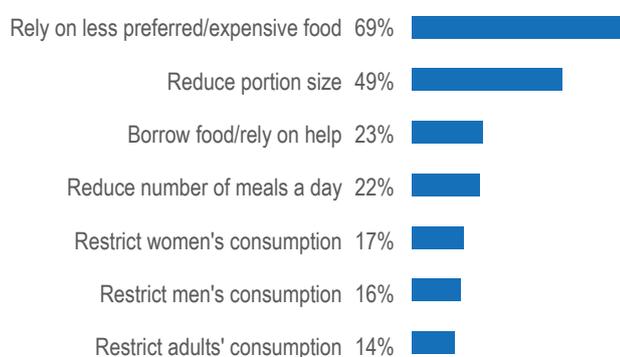


8% Poor
49% Borderline
43% Acceptable



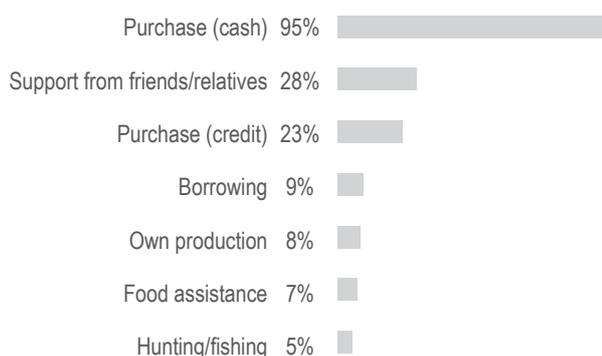
of households reported having had to adopt **food-based coping mechanisms** in the 7 days prior to data collection due to a lack of food

Most frequently reported strategies²⁰



FOOD SOURCES

% of households reporting the three **main sources of food** in the 7 days prior to data collection (top 7)



Households reporting relying on the following as source of food:



Exclusively cash



Assistance/community support

% of households reporting having **reduced food expenditures** since the COVID-19 outbreak²¹

78%

66%

of households reported **limited access to food** as an impact of the COVID-19 outbreak

% of households reporting having gone into **debt for food**

42%

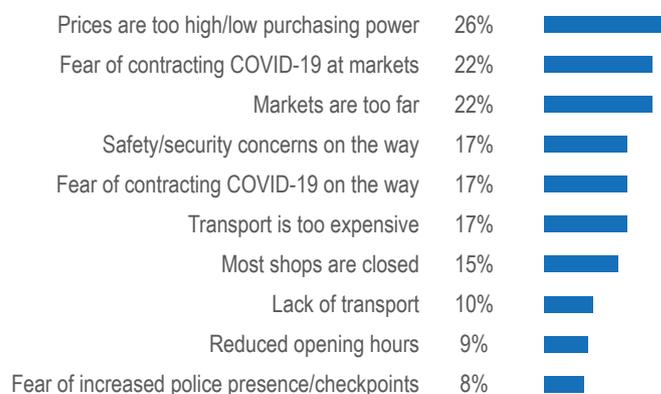
Compared to the findings of the 2019 J-MSNA²², the proportion of households with acceptable FCS has decreased by 29 percentage points from 72% to 43%, while the proportion of households with borderline FCS has increased by 24 percentage points from 25% to 49%. At the same time, a higher proportion of households reported relying on friends/relatives to obtain food. **Households without adult males as well as those with disabled household members were found to be significantly more likely to report relying on food rations and/or friends/relatives as a source of food, while households with secondary education or above were found to be significantly less likely to report so. Furthermore, households with disabled household members were found to be significantly more likely to report having adopted food-based coping strategies.**

ACCESS TO MARKETS



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

Most frequently reported problems²³



¹⁹ The FCS 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 - 42 Borderline, ≤ 28 Poor.

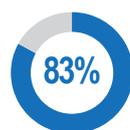
²⁰ Households were asked to report on each strategy separately whether or not they had adopted it.

²¹ Respondents were asked to report up to 5 expenditures that were reduced most.

²² Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Host Communities in Teknaf and Ukhiya, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

²³ Respondents could choose up to 3 options.

LABOUR MARKET PARTICIPATION



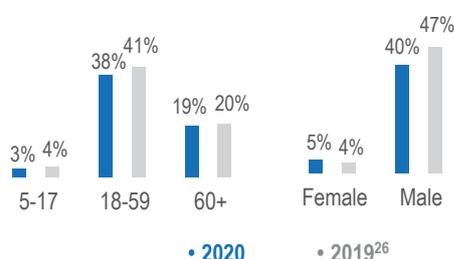
of households reported **at least one adult** (18 and over) working to earn an income in the 30 days prior to data collection



of households reported **at least one child** (17 and younger) working to earn an income in the 30 days prior to data collection

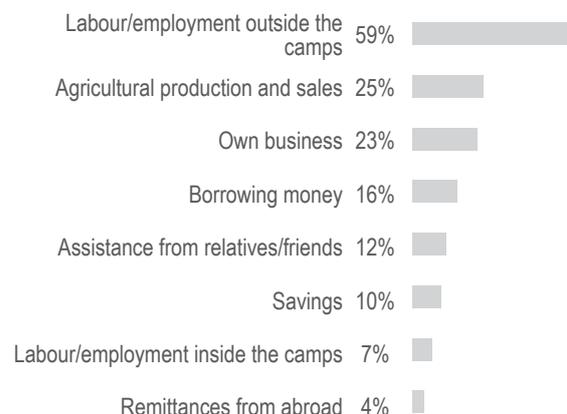
% of individuals reported working to earn an income, by age range²⁴

% of individuals reported working to earn an income, by gender²⁵



MAIN INCOME SOURCES

% of households reporting the **main sources of income** in the 30 days prior to data collection (top 8)²⁷



93%

of households reported **diminished income/loss of income source** as an impact of the COVID-19 outbreak

Compared to the findings of the 2019 J-MSNA²⁶, the proportion of households reporting receiving remittances decreased by more than half from 9% to 4%. At the same time, the proportion of households indicating other forms of assistance from friends/relatives as a source of income increased from 7% to 12%, while the proportion of households reporting savings as a source of income increased from 2% to 10%. **Households with adult males as well as those with secondary education and above were found to be significantly more likely to report employment/own business as a source of income.** While the proportion of households with income-earners as well as the proportion of individuals earning an income remained comparable to 2019, 93% of households did report **diminished income or loss of income sources** as an impact of the COVID-19 outbreak. A general drop in income levels during the lockdown is also supported by a recent urban vulnerability assessment implemented by the World Food Programme (WFP) across Cox's Bazar municipality.²⁸

²⁴ The denominator for this indicator is all individuals in the specified age groups (5 - 17, n = 1,746; 18- 59, n = 2,475; 60 and above, n = 329). Results for individuals 60 and above are representative with a +/- 6% margin of error.

²⁵ The denominator for this indicator is all individuals of either gender aged 5 and above (females, n = 2,248; males, n = 2,299).

²⁶ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Host Communities in Teknaf and Ukhiya, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

²⁷ Respondents could choose more than one option.

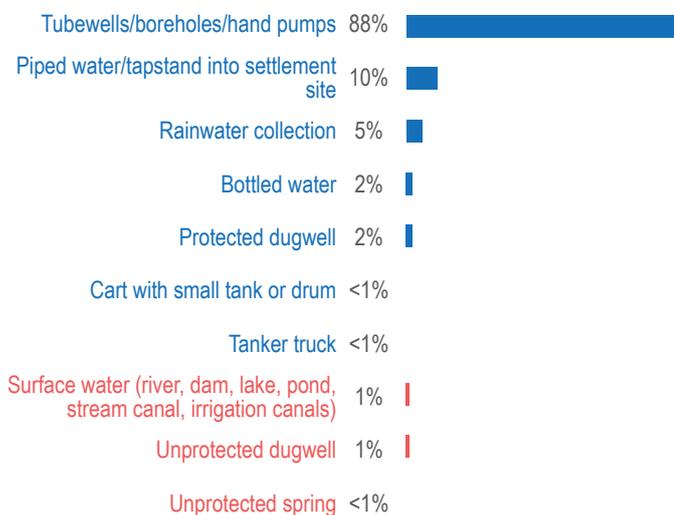
²⁸ World Food Programme (WFP), *Cox's Bazar Urban Vulnerability Assessment, Cox's Bazar, Bangladesh, July 2020* (Cox's Bazar, 2020). Available [here](#) (accessed 7 September 2020).



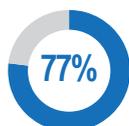
WATER, SANITATION & HYGIENE (WASH)

WATER SOURCES & QUANTITIES

% of households reporting the main sources of drinking water²⁹



- Improved water sources
- Unimproved water sources



of households reported having **enough water** to meet domestic needs (drinking, cooking, personal hygiene and other domestic purposes)

Despite the survey having been conducted in the rainy season, almost one fourth of households reported not having enough water to meet domestic needs.

SANITATION & HYGIENE

% of households reporting adult members sometimes practicing open defecation

14%



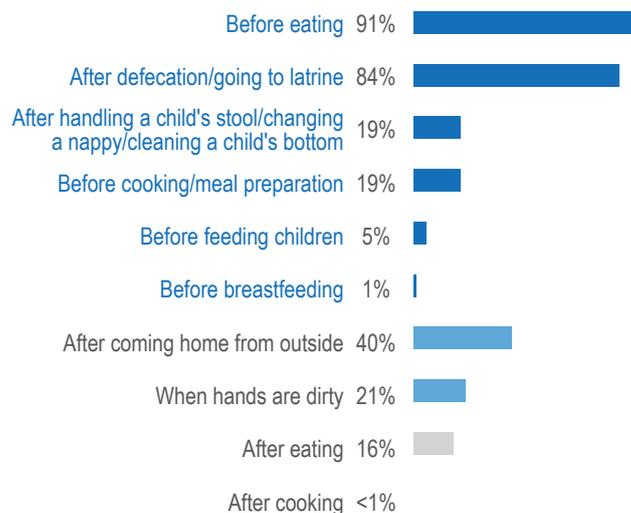
of households reported having **often or always found visible waste in the vicinity of their accommodation** (30 m or less) in the 30 days prior to data collection

Adult household members practicing open defecation as well as households reporting the presence of visible waste in the vicinity of their accommodation are indicative of persisting gaps in sanitation infrastructure.

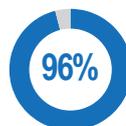


of respondents were able to mention **three critical times to wash hands**

% of respondents reporting **three times to wash hands**³⁰



- Global WASH Cluster critical times
- Context-specific critical times
- Not critical times



of households reported having soap

% of households reporting **loss or diminished access to clean water and sanitation** as an impact of the COVID-19 outbreak

4%

²⁹ Respondents could choose multiple options.

³⁰ Respondents could choose up to 3 options.

HEALTH

WELLBEING



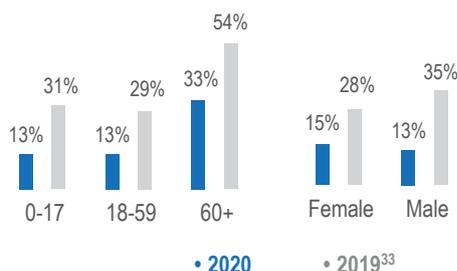
of households reported **at least one person** with an illness serious enough to **require medical treatment** or to require a **regular medical check-up** in the 30 days prior to data collection

14%

of **individuals** were reported as having had an illness serious enough to **require medical treatment** or to have required a **regular medical check-up** in the 30 days prior to data collection

% of individuals reported as requiring treatment/a regular medical check-up, by age range³¹

% of individuals reported as requiring treatment/a regular medical check-up, by gender³²



The reduction in the proportion of individuals requiring medical treatment compared to 2019 likely reflects a reduction in **health-seeking behaviour**, with respondents reporting whether individuals had been ill enough to seek treatment rather than whether they were ill enough so that treatment was or should have been sought.

% of individuals reported to be **smoking**³⁴



6% Every day
5% Some days
89% Not at all

HEALTH-SEEKING BEHAVIOUR



Of individuals reported as having had an illness serious enough to require medical treatment or to require a regular medical check-up, % for whom **treatment was sought**³⁵

Of individuals reported as having had an illness serious enough to require medical treatment or to require a regular medical check-up, who sought treatment, % by **treatment location**³⁶



Of the **3%** of individuals reported as having had an illness serious enough to require medical treatment or to have required a regular medical check-up who did not seek treatment, most frequently reported **reasons for not seeking treatment**³⁷

- Lack of money
- Fear of contracting COVID-19 at the health centre
- Treatment (or medicine) not available
- Do not know where/how to access services
- Health services too far away/lack of transport



of households reported having received a **visit from a community health worker** in the 14 days prior to data collection

% of households reporting having to **walk more than one hour to the nearest health facility**

15%

³¹ The denominator for this indicator is all individuals in the specified age groups (0 - 17, n = 2,242; 18- 59, n = 2,475; 60 and above, n = 329). Results for individuals 60 and above are representative with a +/- 6% margin of error. The recall period is 30 days prior to data collection.

³² The denominator for this indicator is all individuals of either gender (females, n = 2,479; males, n = 2,564). The recall period is 30 days prior to data collection.

³³ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Host Communities in Teknaf and Ukhiya, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

³⁴ The denominator for this indicator is all individuals aged 12 and above (n = 3,594).

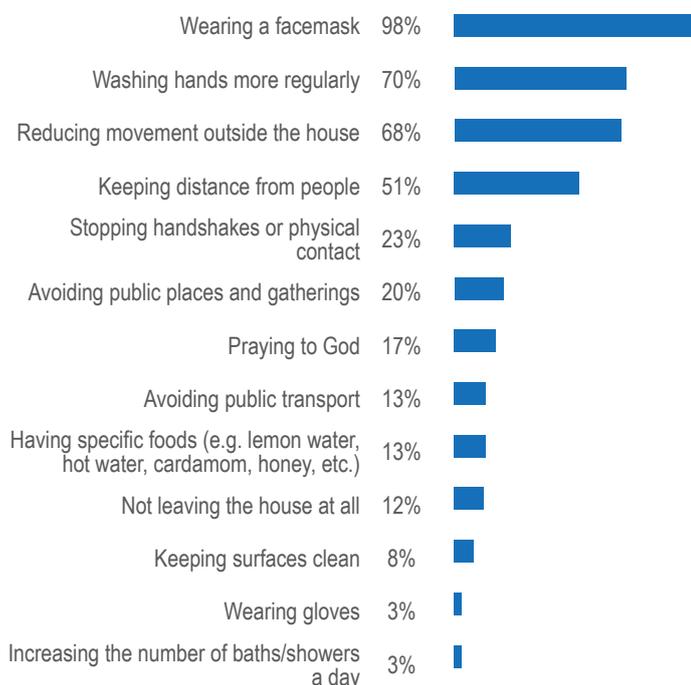
³⁵ The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment or to require a regular medical check-up in the 30 days prior to data collection (n = 718).

³⁶ 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 or to require a regular medical check-up in the 30 days prior to data collection, who sought treatment (n = 693).

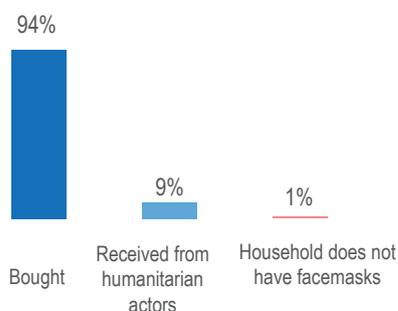
³⁷ The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment or to require a regular medical check-up in the 30 days prior to data collection who did not seek treatment (n = 24). Results are not representative.

COVID-19 PREVENTION

% of households reporting actions taken to **prevent themselves from getting COVID-19** since they heard about the disease



% of households reporting **source of facemasks**³⁸



3% of households reported **sickness of household members** as an impact of the COVID-19 outbreak

% of households reporting having **reduced health expenditures** since the COVID-19 outbreak³⁹ **23%**

MATERNAL HEALTH

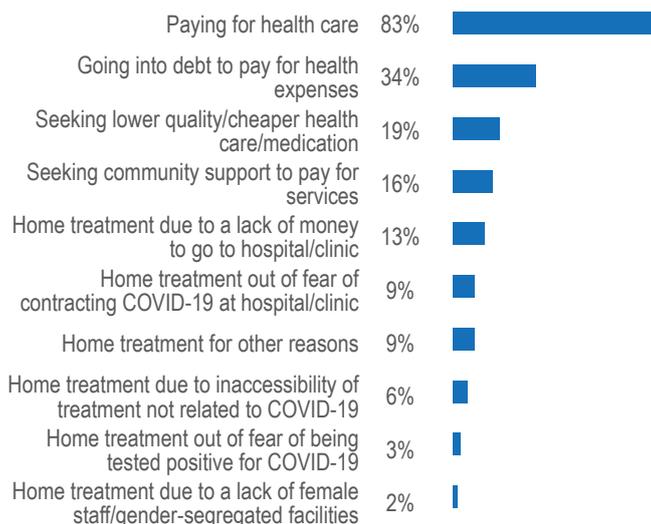


of households reported the presence of **pregnant women**⁴⁰

Of households with pregnant women, % of households reporting that all pregnant women were **enrolled in an antenatal care (ANC) programme**⁴¹ **31%**

HEALTH COPING MECHANISMS

Of households reporting the presence of individuals having required treatment/a medical check-up, or an individual that had died in the 30 days prior to data collection, % reporting adopting **coping mechanisms to deal with health concerns**⁴²



These findings represent a continuation of the 2019 findings⁴³ in the sense that while almost all individuals reported as having required treatment did **seek treatment**, when needed, households did **frequently report adopting coping mechanisms** to deal with health concerns, including paying for health care, going into debt and seeking lower quality treatment. However, compared to 2019, the proportion of households that reportedly paid for health care increased from 53% to 83%, while the proportion of households reportedly seeking community support increased from 4% to 16%. At the same time, the proportion of households that reported going into debt to cover health expenses decreased from 53% to 34%. The proportion of households reportedly not adopting any health-related coping strategies decreased from 23% to 0%.

³⁸ Respondents could select multiple options.

³⁹ Respondents were asked to report up to 5 expenditures that were reduced most.

⁴⁰ The denominator for this indicator is all households with females aged 12 and above (n = 904).

⁴¹ The denominator for this indicator is all households with pregnant women (n = 61). Results are representative with a +/-13% margin of error.

⁴² The denominator for this indicator is all households with an individual that required treatment or a medical check-up, or an individual who had died in the 30 days prior to data collection (n = 326). Results are representative with a margin of error of +/- 6%.

⁴³ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Host Communities in Teknaf and Ukhiya, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

NUTRITION

ACCESS TO NUTRITION SERVICES



7% of households reported having received **super cereal plus (WSB++)** in the 30 days prior to data collection⁴⁴

% of households with pregnant/lactating women (PLW) reporting **PLW to be enrolled in a nutrition-feeding programme**⁴⁵



15% of **children 6-59 months** were reported to be **enrolled in a nutrition-feeding programme**⁴⁶

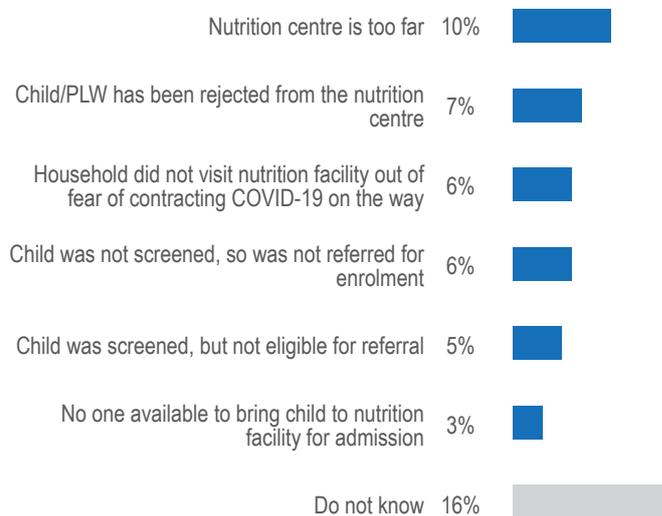
30% of children 6-59 months were reported to have been **screened** for malnutrition by mother/volunteer in the 30 days prior to data collection⁴⁷

% of households with children aged 6-59 months/PLW reporting **key barriers to enrolment** of children/PLW into nutrition-feeding programmes (top 6)⁴⁸



40% of households reported facing no issues

Top 6 issues



Often respondents were only able to report that they were not receiving any support without being able to identify the reasons. In such cases, they frequently mentioned that they were **not aware** of any nutrition-feeding programmes in their area, while also indicating a general **lack of information** on nutrition services.

⁴⁴ The denominator for this indicator is all households with children aged 6-59 months (n = 380). Assistance coverage in the host community and refugee community is not directly comparable as different programming and criteria are often applied.

⁴⁵ The denominator for this indicator is all households with PLW (n = 123). Results are representative with a +/- 9% margin of error. Enrolment rates in the host community and refugee community are not directly comparable as different programming and criteria are often applied.

⁴⁶ The denominator for this indicator is all individuals aged 6-59 months (n = 466). Enrolment rates in the host community and refugee community are not directly comparable as different programming and criteria are often applied.

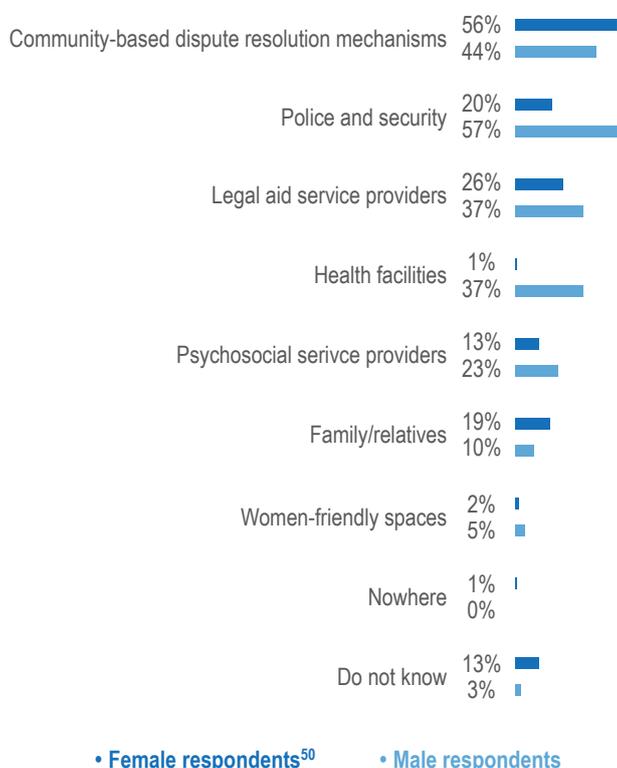
⁴⁷ The denominator for this indicator is all individuals aged 6-59 months (n = 466).

⁴⁸ The denominator for this indicator is all households with children aged 6-59 months and/or PLW (n = 429). Respondents could choose up to 3 options.

PROTECTION

REPORTING SAFETY CONCERNS

% of households reporting preferred point-of-contact if they needed to refer a friend who was sexually assaulted for care and support, by point of contact⁴⁹



CHILD PROTECTION

% of households reporting an increase in child protection issues in their community in the 6 months prior to data collection

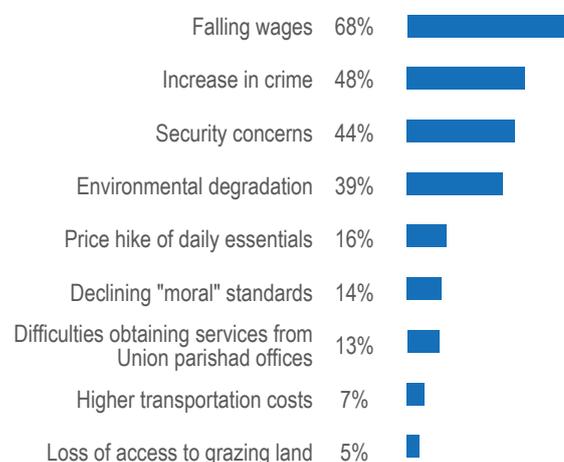


of households reported the presence of **at least one child (17 and younger) working** to earn an income in the 30 days prior to data collection

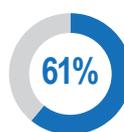
PERCEIVED TENSIONS WITH ROHINGYA COMMUNITIES

16% of households reported having witnessed tensions between Rohingya and host communities in the 6 months prior to data collection

Of households reporting having witnessed tensions, % reporting perceived sources of tensions (top 9)⁵¹



DOCUMENTATION



of households reported that all adult household members had a **valid ID card**

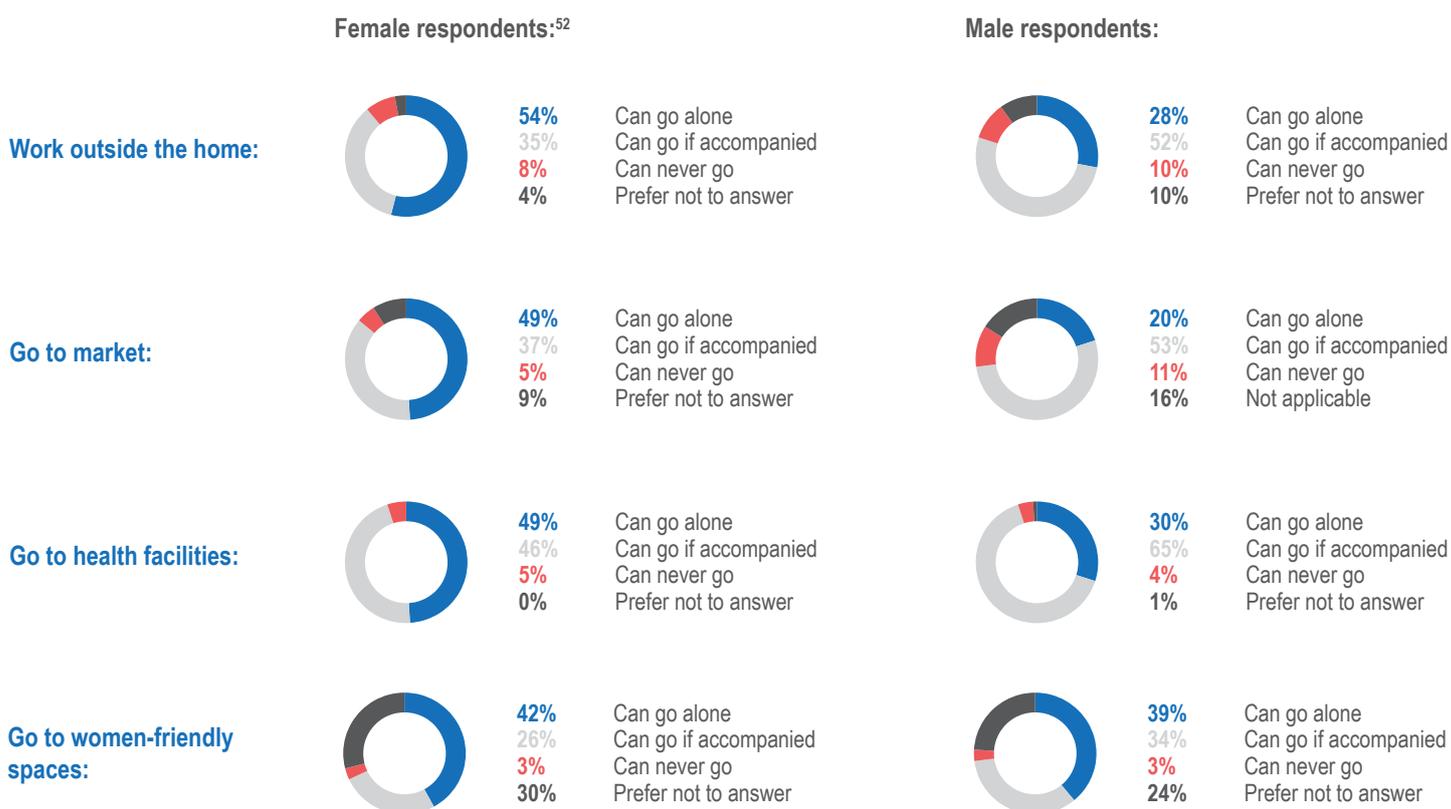
⁴⁹ Respondents could choose multiple options.

⁵⁰ Results for female respondents are representative with a +/- 6% margin of error.

⁵¹ The denominator for this indicator is all households having witnessed tensions (n = 145). Results are representative with a +/- 9% margin of error.

FREEDOM OF MOVEMENT FOR WOMEN

% of households reporting whether women are allowed to go to certain spaces alone, accompanied or not at all



During the survey, respondents raised **protection-related concerns**, including:

- **Single female-headed households** not being able to meet their basic needs due to a lack of income compounded by interruptions in cash relief during the lockdown
- **Fear of violent groups**, e.g. when using bathrooms at night
- Lack of livelihoods support for **disabled people**

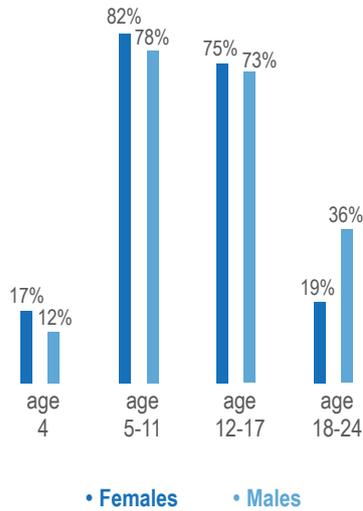
⁵² Results for female respondents are representative with a +/- 6% margin of error.



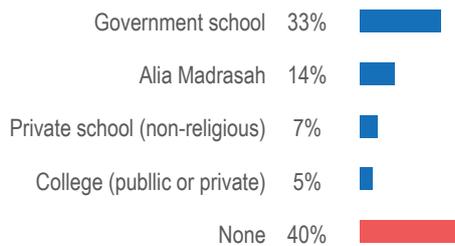
EDUCATION

EDUCATION ENROLMENT

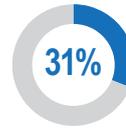
% of individuals reported to have **attended any type of formal learning** for at least 4 days a week in the 30 days before schools closed due to the COVID-19 outbreak, by age and gender⁵³



% of individuals aged 4-24 reported to have attended formal learning for at least 4 days a week in the 30 days before schools closed due to the COVID-19 outbreak, by **type of institution**⁵⁴



of individuals were reported to have **dropped out of learning** after the 2019 education year⁵⁴



of households reported at least one school-aged child (age 5-17) **not having attended any formal learning** before the COVID-19 outbreak

Households with a **high dependency ratio** and those with **primary education or less** were found to be significantly more likely to report out-of-school children. Households with **secondary education and above** were found to be significantly less likely to report out-of-school children.

% of households with children that attended formal learning before the COVID-19 outbreak reporting having **spoken to a teacher** since schools closed⁵⁵



% of individuals that attended any form of learning before the COVID-19 outbreak and that households reported **not planning to send back**⁵⁶

Of the **6%** of households with individuals who attended any form of learning and that reported planning not to send back at least one individual, most frequently reported **reasons**⁵⁷

- Child needed at home to help family
- Cannot afford to send child back to school
- Child will not go back for marriage
- Child not safe at learning centre

Households with **primary education or less** were found to be significantly less likely to report planning not to send back to school at least one child, while those with **secondary education and above** were found to be significantly more likely to report so.

27%

of households reported **loss or diminished access to education** as an impact of the COVID-19 outbreak

⁵³ The denominator for each age range is all males or females in the specified age group: 4 years (females, n = 58 - results are representative with a +/- 15% margin of error; males, n = 66 - results are representative with a +/- 13% margin of error); 5-11 years (females, n = 432; males, n = 524); 12-17 (females, n = 419; males, n = 371); 18 - 24 (females, n = 386; males, n = 376).

⁵⁴ The denominator for this indicator is all individuals aged 4-24 (n = 2,633).

⁵⁵ The denominator for this indicator is all households with children having attended formal learning (n = 694).

⁵⁶ The denominator for this indicator is all individuals who attended any form of learning before the COVID-19 outbreak (n = 1,735).

⁵⁷ The denominator for this indicator is all households reporting planning not to send back at least one child (n = 43). Results are not representative.



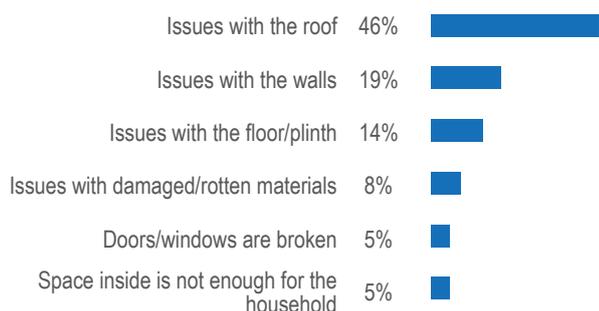
SHELTER & NON-FOOD ITEMS

SHELTER STRUCTURE & MAINTENANCE



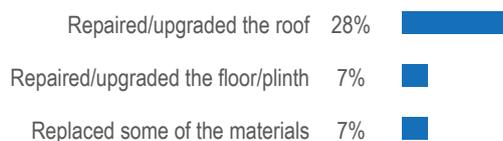
of households reported facing any **issues with their housing** in the 6 months prior to data collection

Most frequently reported issues⁵⁸



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

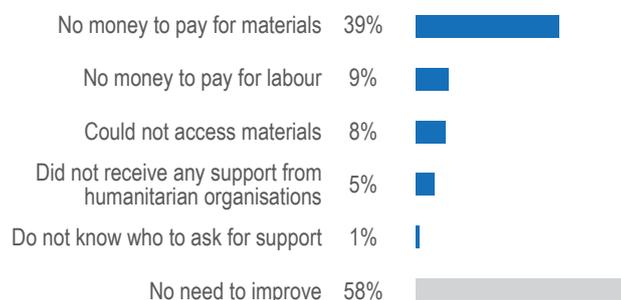
Most frequently reported improvements⁵⁹



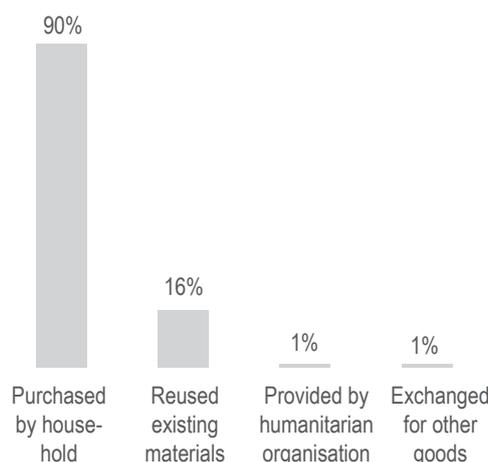
24%

of households reported **not having made any improvements** to their housing in the 6 months prior to data collection, **despite reporting issues**

Of households reporting not having made any improvements to their housing in the 6 months prior to data collection, % reporting **reasons**⁶⁰



Of households reporting having made any improvements to their housing in the 6 months prior to data collection, % reporting **shelter material source**⁶¹



SHELTER ACCESS

43%

of households reported facing **mobility challenges** inside and/or outside their house in the 6 months prior to data collection

Reported challenges⁵⁸



⁵⁸ Respondents could choose more than one option. Users are reminded that data collection was conducted during the rainy season in July and August, which may have had an impact on the overall proportion of households reporting issues with their housing, as well as on the types of issues reported.

⁵⁹ Respondents could choose more than one option.

⁶⁰ Respondents could choose up to 3 options. The denominator for this indicator is all households reporting not having made improvements (n = 556).

⁶¹ Respondents could choose more than one option. The denominator for this indicator is all households reporting having made improvements (n = 321). Results are representative with a +/- 6% margin of error

COOKING FUEL⁶²



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

- % of households reporting having received LPG from humanitarian organisations⁶³ **17%**
- % of households reporting having bought LPG⁶³ **35%**



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



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

Compared to 2019 J-MSNA results⁶⁴, the proportion of households using exclusively LPG increased from 15% in 2019 to 26% in 2020, while the proportion of households using purchased firewood decreased from 63% to 45%.

DEBT RELATED TO SHELTER & NFI



of households reported having **gone into debt related to shelter and NFI** in the 30 days prior to data collection

----- % of households reporting type of debt

- To repair or build shelter **5%**
- To buy clothes, shoes **3%**
- To pay house rent **1%**
- To pay for electricity **1%**

⁶² Respondents could choose more than one option.

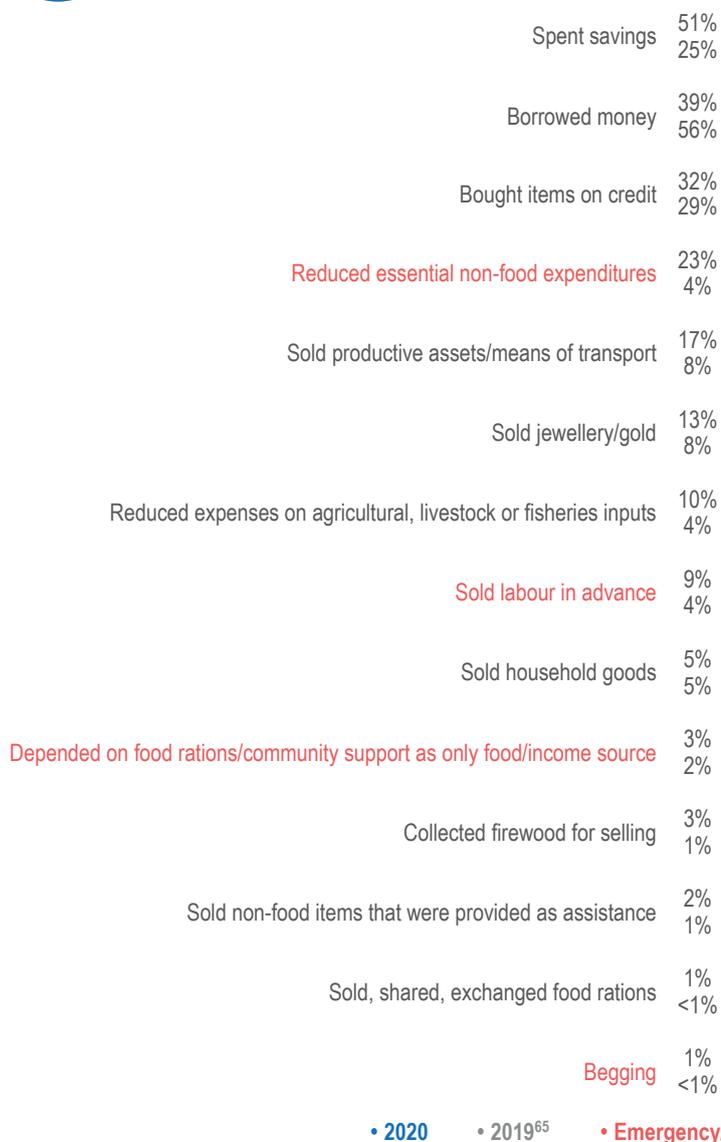
⁶³ The denominator remains all households (n = 911).

⁶⁴ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Host Communities in Teknaf and Ukhiya, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

↔ COPING CAPACITIES

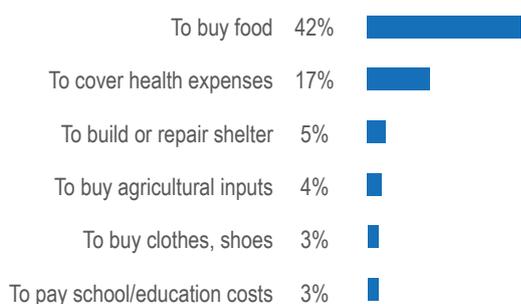


of households reported **engaging in coping mechanisms** due to a lack of money to meet basic needs in the 30 days prior to data collection

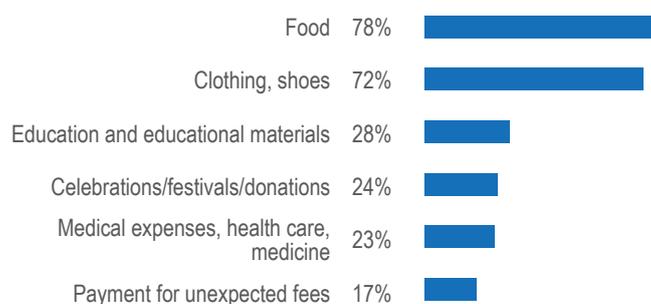


Understanding the mechanisms households employ in order to respond to crisis situations provides insights into the severity of their situation as well as their likely ability to meet future challenges. Crisis/emergency coping mechanisms may have long-term (potentially irreversible) negative impacts on individual safety and/or well-being. Findings indicate an increasing adoption of crisis/emergency coping strategies as well as an increase in spending savings and sales of assets alongside a reduction in expenditures compared to 2019, pointing towards an **erosion of coping capacities**. In addition, the adoption of coping strategies was considerably **more common** than in 2019, when 28% of households still reported not having had to adopt any coping strategies in the 30 days prior to data collection. **Households with adult males, those with male working-age population as well as large households were found to be significantly less likely to report adopting emergency coping strategies. Households with disabled household members were found to be significantly more likely to report adopting emergency coping strategies, while they were also found to be significantly more likely to report going into debt to cover health expenses.**

% of households having **gone into debt** in the 30 days prior to data collection, by reason (top 6)⁶⁵



% of households reporting the five **expenditures** they had **reduced** most since the COVID-19 outbreak, if they had reduced spending (top 6)⁶⁷



⁶⁵ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Host Communities in Teknaf and Ukhiya, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

⁶⁶ 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 = 427). However, findings are presented as a proportion of all households. Respondents could choose more than one option.

⁶⁷ Respondents could choose up to 5 options.

COORDINATED BY:



FUNDED BY:



TECHNICAL CONTRIBUTIONS:



Please note the findings of Joint Multi Sector Needs Assessment (MSNA) provide information and insights which are current at the time when the assessment was completed. However, in a dynamic setting, as is the case in a humanitarian response, the situation may change. Interventions and aid distribution may be increased or reduced, and this can change the context of the data collected between the MSNA and the situation at the present time.

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