

Multi-Sector Needs Assessment - Host Community

Ukhia and Teknaf Upazilas, Cox's Bazar, Bangladesh

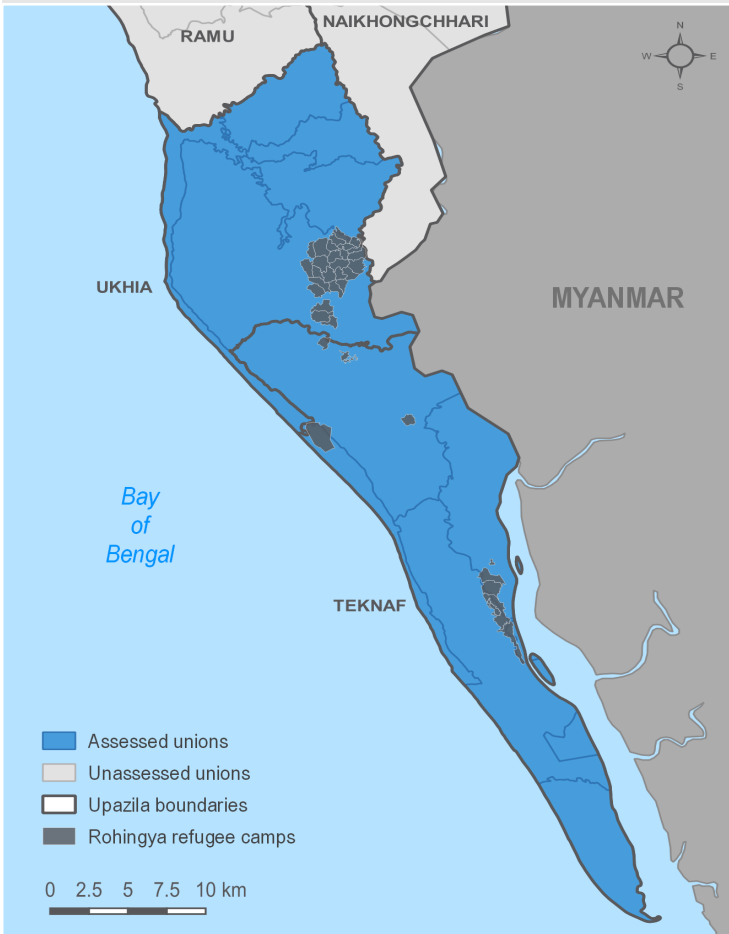


Humanitarian Aid and Civil Protection

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 overall (Ukhia and Teknaf upazilas). A household survey was conducted using a stratified random sample to produce results at overall level where 2,881 households, that comprised of 16,163 individuals, were surveyed. The results are generalisable to 95% confidence level and 3% margin of error for overall. 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.

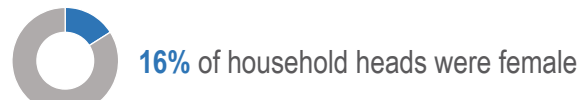
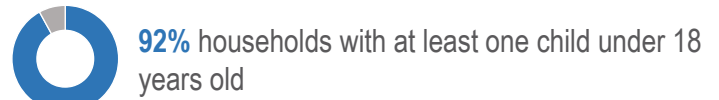
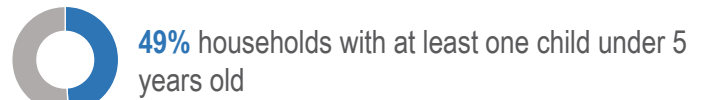
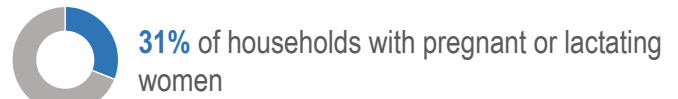


Population³
 Households - 83,099
 Individuals - 465,065

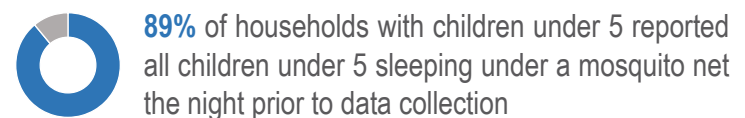
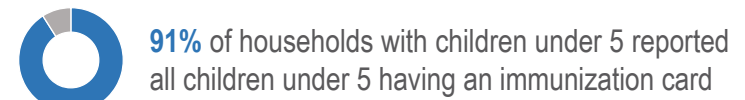
Demographics



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 defined 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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Humanitarian Aid
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84% of pregnant women reported to have attended an NGO or government clinic at least once since the start of their pregnancy to get advice or treatment related to the pregnancy⁴



67% of children born in the past year were delivered at home⁵



16% of households with children under 5 reported the presence of at least one child under 5 ill with diarrhoea in the two weeks prior to data collection

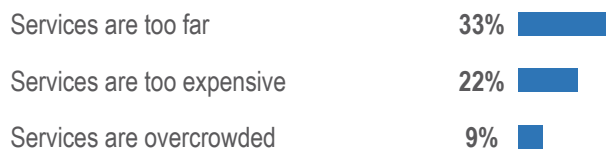
Of children under 5 with diarrhoea in the two weeks prior to data collection, % who received treatment⁶

	Male	Female
Yes, from a health care provider	64%	65%
Yes, at home	29%	25%
None	11%	14%



41% of households reported facing challenges in accessing medical clinics

% of households reporting facing challenges in accessing medical clinics, by challenges⁷



21% of households reported the presence of individuals with an illness serious enough to require medical treatment in the 30 days prior to data collection

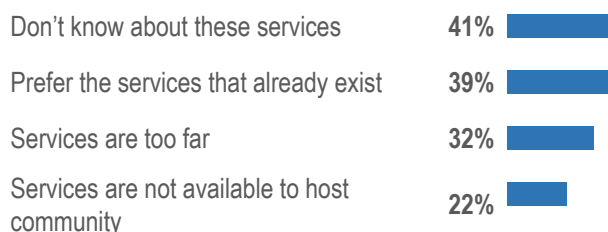
Of individuals reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection, **95%** individuals sought treatment for the illness⁸

Of individuals who sought treatment, % accessing different treatment sources⁹



75% of households did not seek health services from facilities built in response to the Rohingya influx in 2017

Of 75% households not using facilities built for Rohingya influx, % reporting reasons for non-use¹⁰



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 year¹¹



4. Out of the population assessed, there were 215 pregnant women in total.

5. Respondents were asked to report information for each child under 12 months in their household.

6. Sample size male (n=131) and female (n=93)

7. Three most common challenges accessing medical clinics are shown, and respondents could select more than one option.

8. Sample size male (n=1513) and female (n=1811)

9. Three most common treatment sources are shown.

10. Respondents could select more than one option.

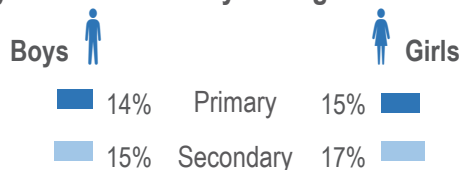
11. Formal education includes government-run schools, Aliah madrassahs (madrassahs teaching government-certified curriculum), and private schools.



% of children and youth reported to be attending non-formal education during the 2018 academic year¹²



% of households reporting barriers accessing primary and secondary education for boys and girls¹³



% of households reporting barriers accessing primary and secondary education for boys and girls, by barrier¹⁴

Barrier	Primary		Secondary	
	Boys	Girls	Boys	Girls
Facilities are too far	12%	11%	10%	12%
Safety concern at or on the way to facilities	7%	7%	5%	7%
Services are too expensive	4%	6%	9%	10%



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



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



18% of households with children aged 5-11 reported receiving aid distribution from formal schools in the 6 months prior to data collection



18% of households with children aged 12-17 reported receiving aid distribution from formal schools in the 6 months prior to data collection

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

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

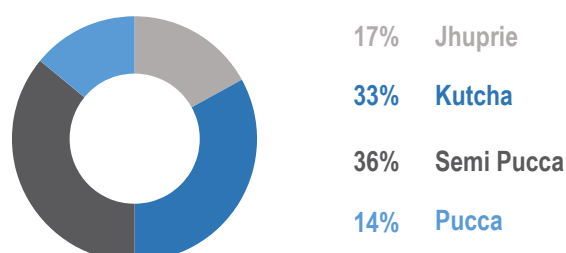
14. Three most common education barriers are shown, and respondents could select more than one option. Sample size aged 5-11 boys (n=1340) and girls (n=1277) and aged 12-17 boys (n=1284) and girls (n=1216)

% of households reporting receiving aid distributions from formal schools in the 6 months prior to data collection, by type of distribution received¹⁵

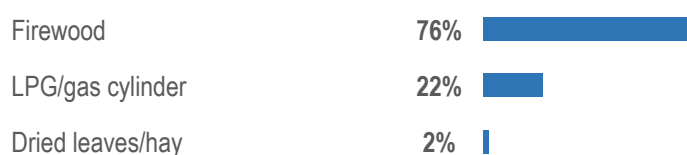
Aid	Aged 5-11	Aged 12-17
Health and Hygiene/WASH kit	2%	2%
Winterization kit	1%	2%
School supply	16%	15%

Shelter & Non-Food Items

% of households by shelter type¹⁶



% of households reporting use of different fuels as their primary fuel for cooking¹⁷



71% 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 collection¹⁸



15. Respondents could select more than one option. The option of food was not included in the types of aid. Sample size for children aged 5-11 (n=398) and children aged 12-17 (n= 580)

16. 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) Kutchha (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.

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

18. This question was only asked to the 71% of respondents who reported their households were connected to the grid.

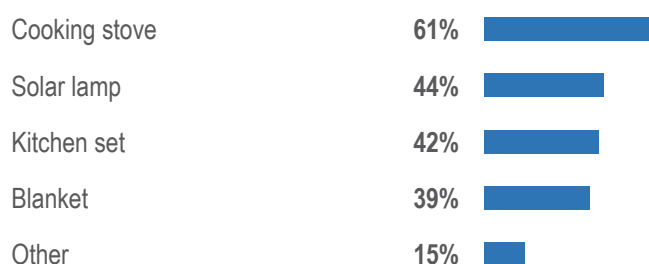


9% of households reported receiving training on how to protect their shelter from strong wind/cyclone.



8% of households reported receiving training on how to protect their shelter from flood

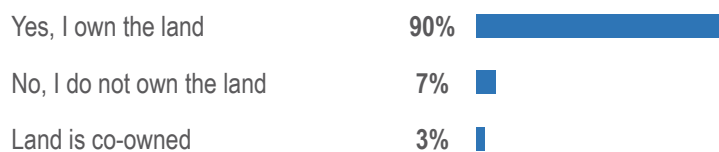
% of households reporting the NFIs most urgently needed for their shelter¹⁹



24% 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, 79% reported holding the deed to it

% of households who reported renting or being hosted on their plot of land or house²⁰



Of households who reported renting, 17% holds a written agreement with the landlord²¹



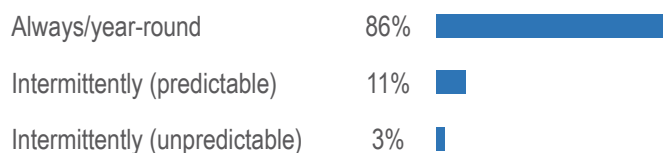
WASH

Water

% of households with access to improved drinking water sources

Primary drinking water sources	
✓ Improved water sources 99%	
Piped water tap/ tapstand into settlement site	11%
Tubewells/borehole/handpump	86%
Protected dug well	2%
✗ Unimproved water sources 1%	
Surface water (river, dam, lake, pond, stream, canal)	1%

Of households reporting access to an improved drinking water source, % that reported different levels of reliability on availability of water²²



81% 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

To and from water source		At water source	
70%	10 min or less	75%	
14%	15 min	11%	
6%	20 min	6%	
5%	25 min	3%	
2%	30 min	3%	
2%	> 30 min	2%	

19. Five most common items are shown, and respondents could select up to three options. "Other" option included home repair material, television, refrigerator, water tank etc.

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

21. Sample size (n= 90)

22. This question was asked only to the 99% respondents who reported improved sources of water as their primary water source.



30% of households reported having problems collecting water

% of households reporting problems collecting water, by problem²³

- 1 Water source is too far **18%**
- 2 Water tastes bad **9%**
- 3 The source is only available certain times of the day **7%**



13% of households reported treating water before drinking

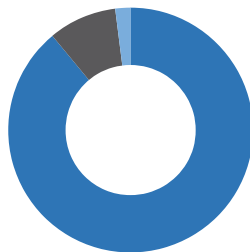
% of households reporting use of different water treatment practices²⁴

Cloth filters	6%
Household filters	5%
Boiling	1%

Sanitation

% of households by reported usual defecation location

- Household Latrine** **89%**
- Communal Latrine** **9%**
- Open defecation** **2%**



30% of households reported facing problems accessing latrines

% of households reporting problems accessing latrines, by problem²⁵

- 1 Latrine is not safe **11%**
- 2 Latrine is not clean **10%**
- 3 Too many people using latrines **9%**

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 collection²⁶

Trash/ solid waste	44%
Stagnant water	24%
Human faeces	24%

Hygiene



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

% of households where respondent named different handwashing times²⁷

Critical times	
Before eating	93%
After defecation	92%
Before cooking	55%
After handling child's bottom	16%
Before feeding children	11%



28% of households reported women facing problems with accessing menstrual hygiene materials²⁸

% of households reporting problems accessing menstrual hygiene material, by problem^{27,28}

Too expensive	19%
Other needs are prioritized	16%
Not enough available in market	4%
Preferred type not available	4%

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

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

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

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

27. Respondents could select more than one option.

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

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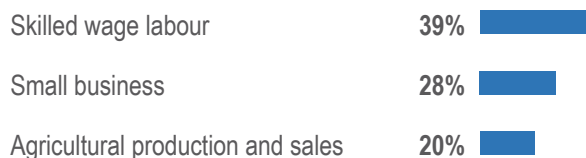
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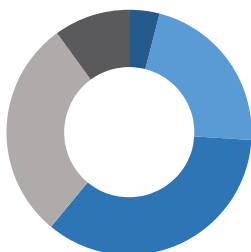
Food Security and Livelihood

% of households reporting three main sources of income sustaining their household in the 30 days prior to data collection²⁹



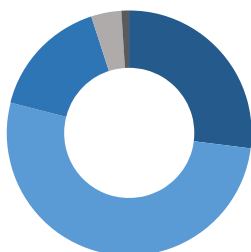
% of households reporting changes in their economic status in the 12 months prior to data collection

Significantly improved	4%
Somewhat improved	22%
Not changed	35%
Somewhat deteriorated	29%
Significantly deteriorated	10%



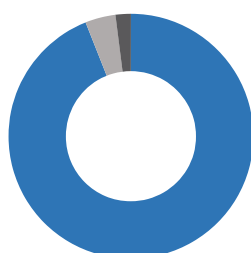
% of households reporting changes in cost of living in the 12 months prior to data collection

Significantly increased	27%
Somewhat increased	52%
Not changed	16%
Somewhat decreased	4%
Significantly decreased	1%



% of households reporting primary food source

Market	94%
Own production	4%
Other	2%

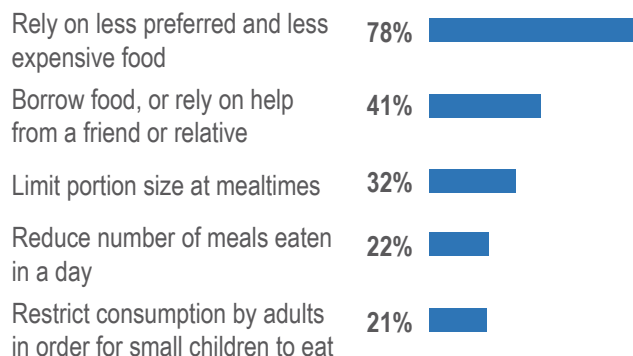


% of households falling into different food consumption groups based on household Food Consumption Score³⁰



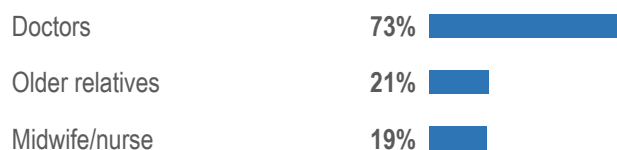
Average household Coping Strategy Index (CSI) score was 9 (out of a possible 56)³¹

% of household reporting use of different consumption based coping strategy³²



Nutrition

% of households where women of reproductive age were reported to have awareness of different sources of support for infant and young child feeding³³



Protection

32% of females aged 20-25 years were reported to have married before age 18³⁴

28% of households with at least one person with a disability or chronic illness

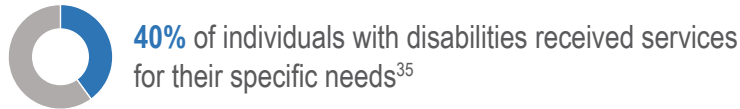
29. Three most common main sources of income are shown, and respondents could select up to three options.
 30. The frequency weighted diet diversity score or "Food Consumption Score" is a score calculated using the frequency of consumption of 9 different food groups consumed by a household/individual 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>
 31. 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. See link: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf
 32. Respondents were asked on each coping strategy and how many day in the past 7 days did they use this strategy.
 33. 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.
 34. This question was only asked for women/men between the age of 20-25, who were reported to be married. Sample size male (n=314) and female (n=896)

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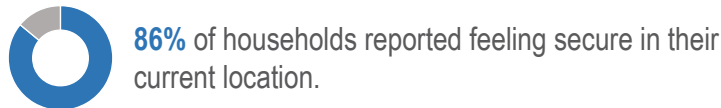


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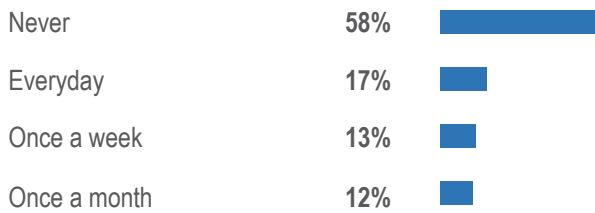
% of households reporting the presence of community based protection mechanisms³⁶

- 1 None 67%
- 2 Health 18%
- 3 Education 16%



Perceived attitudes and experiences regarding Rohingya refugees

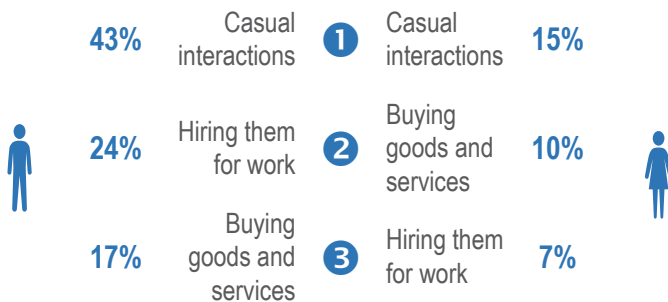
% of households reporting different levels of interaction with Rohingya refugees



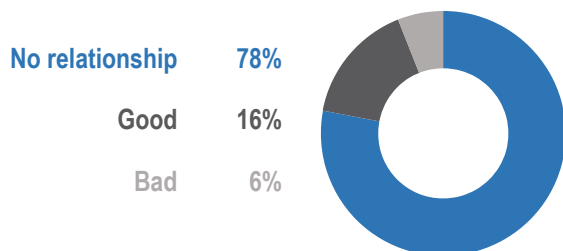
Of households who reported different levels of interaction with Rohingya refugees in the 30 days prior to data collection, % reporting different types of interaction³⁷

Male respondents

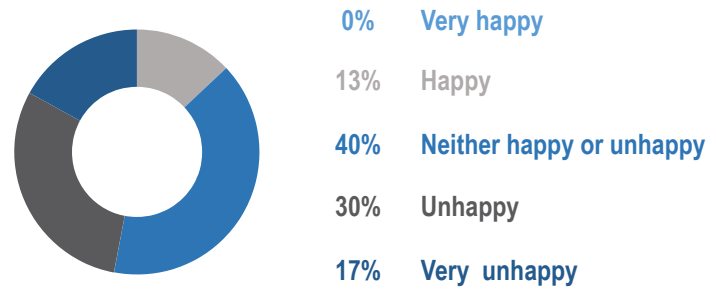
Female respondents



% of households reporting types of relationships with Rohingya refugees



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

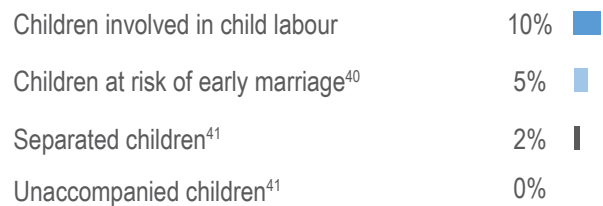
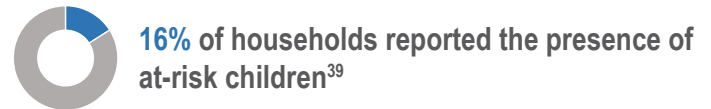


Of 47% households who reported being unhappy or very unhappy with the presence of Rohingya refugees in their communities, % who gave different reasons³⁸

- 1 Competition for services and utilities 72%
- 2 Competition for resources 62%
- 3 Threat of crime 57%
- 4 Competition for jobs 45%
- 5 Unfair distribution of support/services 30%
- 6 Cultural differences 26%



Child Protection



35. This question was only asked to individuals in each household reported to have disability or chronic illness. Question was framed as follows: "Is this person currently accessing any treatment or support for this disability or illness?"

36. 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?"

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

38. Respondents could select more than one option.

39. 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.

40. 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.

41. 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.

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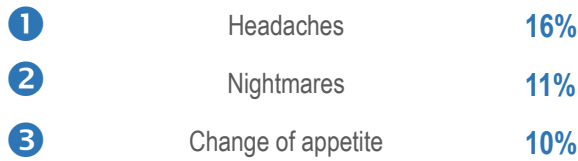


% of households reporting the presence of safety risks to boys and girls in their communities⁴²



39% of households reported the presence of children exhibiting at least one behaviour relating to symptoms of distress in the 30 days prior to data collection⁴³

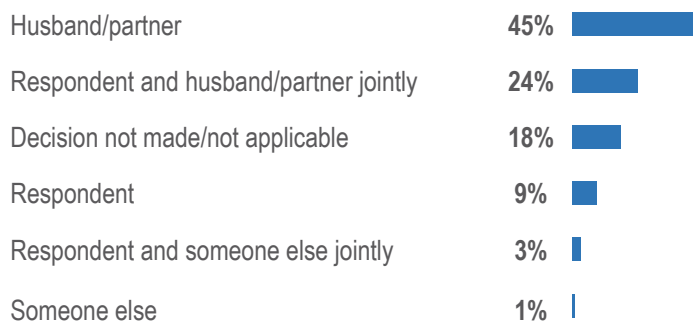
% of households who report the presence of children exhibiting behaviours that relate to symptoms of distress in the 30 days prior to data collection, by type of behaviour^{44,45}



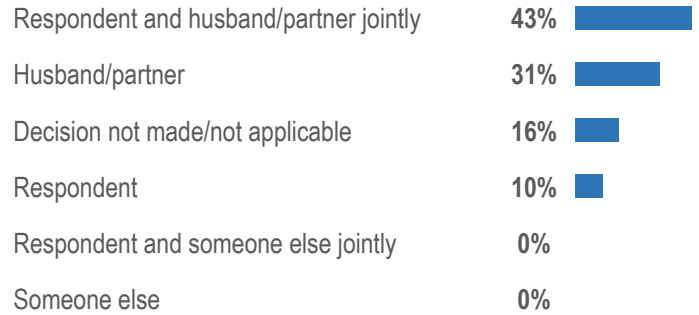
Gender-Based Violence

% of women with final say on specified household decisions⁴⁶

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?

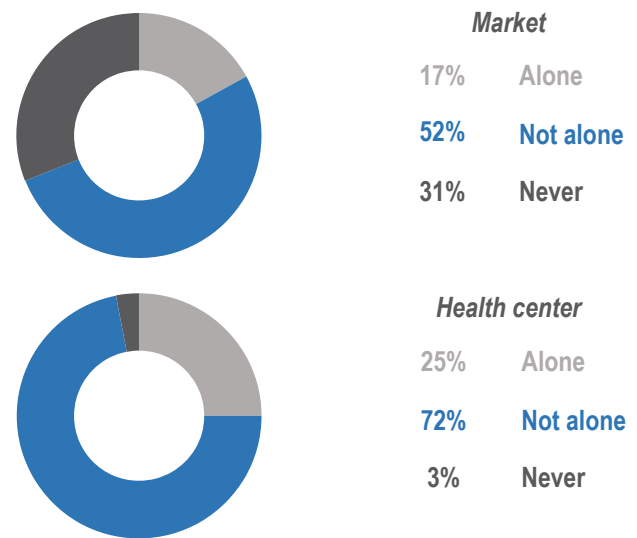


% of women that reported controlling the money needed to buy specified items⁴⁶

Items	Yes	No	Don't buy
Vegetables or fruits	46%	36%	18%
Clothes for yourself	40%	49%	11%
Any kind of medicine for yourself	37%	49%	14%
Toiletries for yourself	37%	46%	17%

Freedom of movement for women⁴⁶

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



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

43. Respondents could select more than one option.

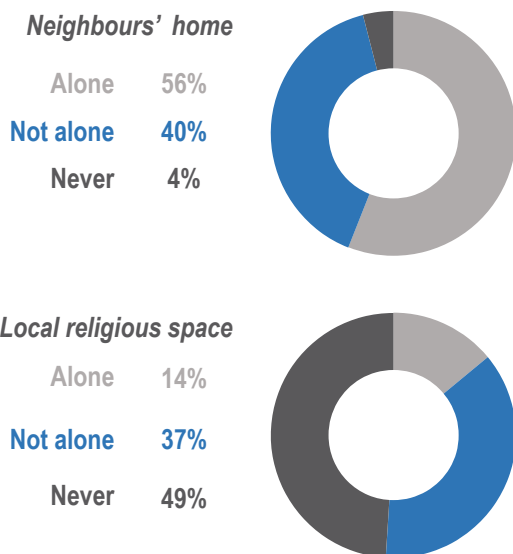
44. Three most common symptoms of distress are shown. There were 14 other options, including withdrawn from family and friends, angry or aggressive outbursts, changes in appetite or eating habits, new or current bedwetting, new or recurring fears, clinging, unwilling to let you out of sight, excessive crying, going back to behaviours present when a younger age, startle easily, substance abuse and none. 61% reported none.

45. 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.

46. 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.



Freedom of movement for women⁴⁷



% of men with specified attitude on gender roles in family life⁴⁸

	Agree	Disagree	Depends
The important decisions in the family should be made only by the men of the family.	57%	38%	5%
If the wife is working outside the home, then the husband should help her with household chores.	73%	21%	6%
A married woman should be allowed to work outside the home if she wants.	14%	75%	11%
The wife has a right to express her opinion even when she disagrees with what her husband is saying.	13%	63%	24%
A wife should tolerate being beaten by her husband in order to keep the family together.	37%	51%	12%
It is better to send a son to school than it is to send a daughter.	13%	85%	2%
Women should have a say in important decisions in the community.	42%	44%	14%



Communication with Communities

Early warning mechanism for cyclones

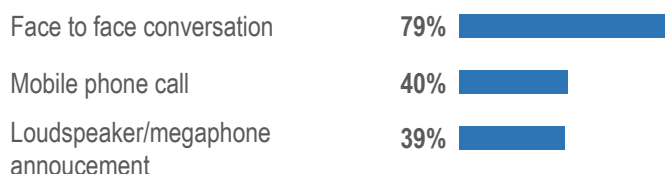


84% of households reported receiving early warning messages prior to the arrival of Cyclone Mora in May 2017



76% 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 collection⁴⁹



% of households reporting most preferred ways of providing feedback about services in their area⁵⁰



% of households reporting different information needs⁵¹

How to get more money/financial support	31%
How to get healthcare/medical attention	24%
How to get cooking fuel/firewood	17%
How to find work	16%
How to get water	15%

47. 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.

48. 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.

49. 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?"

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

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