Joint Multi Sectoral Needs Assessment (J-MSNA): Union-level findings

December 2023
Bangladesh

Context

Considered as a stateless minority, the Rohingya in Myanmar were denied citizenship in 1982 by the government of Myanmar and have faced violence and discrimination over decades.[1] Following a wave of Myanmar military violence in August 2017 in Rakhine State that the UN designated as "a textbook example of ethnic cleansing",[2] 730,000 Rohingya refugees have fled to nearby Cox's Bazar, Bangladesh.[3]

Bangladesh hosts now more than 967,000 Rohingya refugees, in some of the largest and most densely populated refugee camps in the world.[4] With limited movements, access to regular income and livelihood opportunities in camps,[5] it is estimated that 95% of the Rohingya refugee population is moderately to highly vulnerable,[6] and remain entirely dependent on humanitarian assistance.

At the same time, Cox's Bazar district is characterised by some of the poorest living conditions in the country, with approximately 33% of its population living below the poverty line,[7] mostly rural communities (78%),[8] that are quite isolated and thus with difficult access to basic services such as healthcare and education.

With the refugee population being almost double the host community population in Ukhiya and Teknaf,[9] the massive increase in population density following the influx, coupled with the pre-existing lack of livelihoods and levels of poverty and vulnerability among the host community population, has led to tensions over labour competition, falling wages and price hikes of daily essentials.[10]

Most of the agricultural land in Ukhiya and Teknaf is no longer available due to the establishment of refugee camps, and overcrowding has also heightened the risk of landslides and fires.[11] The perceived increases in crime and security concerns, and high stress over environmental resources leading to deforestation and the depletion of water sources, have been reported as sources of tensions between host community and refugees.[12]

In addition, large camp areas are in hilly, formerly forested areas that are highly vulnerable to landslides and flash-flooding during the monsoon season. The provisional materials of refugee camp shelters and the poor living conditions of the host community makes both population groups especially vulnerable to weather conditions such as with Cyclone Mocha in May 2023,[13] and Cyclone Hamoon in October 2023.[14]

Table 1: Number of households (HHs) interviewed per union

Union Name	HHs Interviewed
Raja Palong	105
Haldia Palong	105
Jalia Palong	105
Ratna Palong	105
Palong Khali	105
Nhilla	105
Sabrang	103
Whykong	105
Baharchara	104
Teknaf	102
Teknaf Paurashava	105
Total	**1,149**

1. UNHCR, Rohingya Refugee Crisis Explained (August 2023). Available here.
2. United Nations, UN human rights chief points to 'textbook example of ethnic cleansing' in Myanmar (September 2017). Available here.
3. Cox's Bazar has received multiple waves of Rohingya refugees from Myanmar since the 1970s.
4. Joint Government of Bangladesh, UNHCR Population Factsheet (As of October 2023). Available here.
5. Population Council, Assessment of Economic Opportunities for Young Rohingyas in Bangladesh (November 2022). Available here.
6. World Food Programme (WFP), Refugee Influx Emergency Vulnerability Assessment (REVA-6) – Cox's Bazar and Bhasan Char, Bangladesh (June 2023). Available here.
7. Bangladesh Bureau of Statistics & World Food Programme, Poverty maps of Bangladesh 2016: key findings (December 2020). Available here.
8. World Bank, Bangladesh Interactive Poverty Maps (November 2016). Available here.
9. Bangladesh Bureau of Statistics, Population & Housing Census-2011, National Volume-2: Union Statistics (Dhaka, 2011).
10. ACAPS & IOM-NPM, Cox's Bazar Upazila Profiles (September 2020). Available here.
11. UNDP, Impacts of the Rohingya Refugee Influx on Host Communities (November 2018). Available here.
12. ACAPS & ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Host Communities - In-depth (August-September 2019). Available here.
13. ISCG, United Nations Bangladesh and UNHCR, Bangladesh: Cyclone Mocha Humanitarian Response, Situation Report (May 2023). Available here.
14. IRC, Bangladesh: Cyclone Hamoon ravages Cox's Bazar as a severe cyclonic storm, affecting over 450,000 lives and damaging 13 IRC learning centres (October 2023). Available here.

Methodology

The 2023 J-MSNA aims to:

- Provide a detailed overview of the current humanitarian needs and gaps of the host community population (by sector and across sectors) in Cox's Bazar district to inform the 2024 Joint Response Plan,
- Understand the drivers and severity of needs of the host community population from sector-specific and inter-sectoral perspectives,
- Identify variations in needs among sub-population groups and geographical area (unions) in order to inform response prioritisation and strategic planning, particularly for the most vulnerable people.

The assessment design was a collaborative effort involving all relevant sectors, working groups, and thematic experts active in the Humanitarian response in Bangladesh response. The Multi-Sector Needs Assessment Technical Working Group (MSNA TWG), led by the Inter-Sector Coordination Group (ISCG), coordinated such efforts. Key partners include REACH, ACTED, NPM-IOM, UNHCR, and other stakeholders. Regular consultations and dedicated meetings ensured input from all sectors and stakeholders.

The assessment covering the host community population focused on all host community households in the 11 unions in Ukhiya and Teknaf. International Organization for Migration (IOM) Bangladesh Needs and Population Monitoring (NPM-IOM) contributed to the J-MSNA by conducting 1,149 face-to-face household surveys, using a stratified random sampling approach, with a 95% confidence level and a 10% margin of error at the union level. Aiming to collect a balanced number of gender responses, NPM-IOM collected data with a gender-balanced team of enumerators, and thus achieved 50% of female and 50% of male respondents in the host community household survey. The household surveys collected data from 6,288 individuals. Data collection took place between the 27 August and 17 September 2023 with Kobo Collect. REACH performed the data cleaning (see IMPACT minimum standards) and analysis.

This 2023 J-MSNA is the fourth J-MSNA conducted in Bangladesh since 2018, and the first conducted with face-to-face interviews since 2019.

Limitations

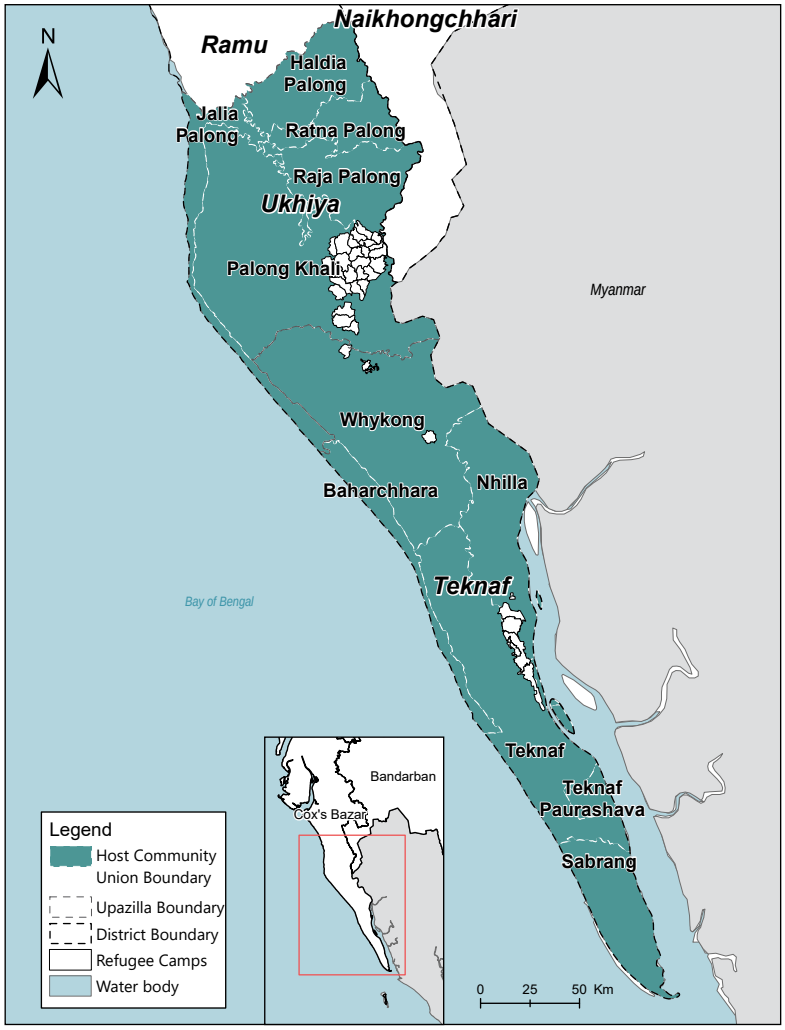
• The assessment relies on the households' ability to self-report on many indicators, and therefore certain biases may exist within the findings. Some indicators may be under- or over-reported due to the subjective perceptions of the respondents. These potential biases should be taken into consideration when interpreting findings, particularly those referring to sensitive issues.

• Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, results may not be generalizable with a known confidence level and margin of error, and should be considered indicative only.

• The J-MSNAs are designed to provide an analysis from a multi-sectoral perspective. They don't provide a detailed understanding of all sectors and thematic concerns. As such, in-depth sectoral assessments and triangulation with other sources is required to complement and deepen the analysis.

• The unit of analysis of the survey is the household. As such, only limited information can be collected relating to conditions and experiences of specific members of the household. The resulting household data is therefore likely to conceal intra-household differences.

Host community coverage



SUMMARY OF RESULTS

Priority Needs

While in the 2021 J-MSNA the most commonly first priority was accessing food (65%), **in the 2023 J-MSNA a wider range of priorities was reported: the most commonly first ranked priority need was food** (33%), **shelter materials** (14%) **and access to water** (10%).

Over half (62%) of the households reported **being able to afford fewer goods and services compared to this time last year**, especially access to food (81%), health services (43%) and Income-generating activities (42%).

Humanitarian Assistance

Of the 18% of households who reported having received humanitarian assistance in the 12 months prior to data collection, they reported this assistance was mostly provided by the **government** (61%) and **humanitarian organizations** (42%). The most commonly reported types of assistance received were **food assistance** (45%) and **cash assistance** (39%).

A large majority of households were satisfied with humanitarian assistance (96%).

Food Security

Overall, 88% of households had an acceptable food consumption score (FCS),[15] and 12% had a borderline FCS, with a high borderline FCS reported in the Palong Khali Union (29%) and Ratna Palong Union (27%).

More than half of the households (63%) reported not having or having a low **reduced Coping Strategies Index** (rCSI).[16] Over a quarter of them (36%) were reported to have a **medium rCSI.** More than half of the households (55%) had to **rely on less preferred and less expensive food to cope with a lack of food or money**, and 40% had to **borrow food or rely on support from friends or relatives.**

The majority of households reported using coping strategies (77%), **mostly to afford food** (89%) **or to cover health expenses** (73%). In terms of the severity of coping strategies, 52% of households reportedly were using stress, 21% crisis, and 4% emergency coping strategies.[17] The most commonly reported coping strategies were **buying on credit/ borrowing food** (67%), **borrowing money** (63%), and **spending savings** (38%).

Livelihoods and Skills development

The most commonly reported sources of income or cash inflow of households over the last 30 days prior to data collection were loans or support from family/friends (not including remittances, 61%), incomes from own production (34%) and from business (31%).[18] The median household income was 12,000 BDT per month (110 USD), while they received 6,000 BDT from other cash inflows (55 USD).[18] [19]

Overall, reported **frequent expenses of households were covered by their reported sources of income,** with households having reported monthly median expenses of 15,350 (141 USD).[20] Remaining income after deduction of all expenses was 5,650 BDT (52 USD). It should be taken into consideration that there were infrequent expenditures over the 6 months, which would contribute to **higher expenses over a month**. The reported median total amount for infrequent expenditures over the last 6 months was 27,000 BDT (248 USD),[21] which if one assumes this expenditure was evenly spread every month, it would be additional 4,500 BDT (41 USD) to their monthly expenditures. Additionally, the sources of income included regular and irregular employment, donations, loans, and remittances among others. Overall, a relatively high proportion of households took loans to meet their basic needs in the 30 days prior data collection (63%).

Food was the largest reported expense for the households and represented 47% of the frequent expenditures. Over a quarter of the households (29%) reported **not having any income/livelihoods opportunities nearby** as a barrier to income opportunities.

Protection

A third of households (33%) **reported that one or more of their household members showed signs of psychosocial distress.** This percentage is particularly high in households with at least one member with a disability (51%).

Only 3% of households reported they feel very unsafe walking alone at night in their area/neighbourhood, and 11% reported they feel a bit unsafe.[22] The majority of households (67%) didn't report any protection issue in the area. Those who reported being concerned about protection issues mentioned crime and violence (15%), drug or alcohol abuse or consumption (12%), and property disputes (10%).

In terms of gender-based violence services, female respondents reported that they would refer to **Community-based dispute resolution mechanisms**,[23] (49%) or **Health facilities** (37%).

Shelter & NFIs

Households' most reported types of shelters were kutcha (51%) and semi-pucca (35%).[24] Whereas kutcha are made of temporary

15. The Food Consumption Score is an indicator which represents households' dietary diversity and nutrient intake and is calculated by inspecting how often households consume food items from different food groups during the 7 days before the survey. The FCS is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available here.
16. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
17. Coping strategies are classified into three categories, based on the severity of the strategies used. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold households' assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole household migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
18. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
19. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
20. Frequent expenditures include food items, rent, water, regular purchases of NFIs, utilities, fuel, transportation, communications and health frequent expenses during the 30 days prior to data collection.
21. Infrequent expenditures include shelter maintenance or repair, infrequent purchases of NFIs, health-related expenditures, education-related expenditures, debt repayment and festival expenses during the 6 months prior to data collection.
22. The feeling of safety after dark might be under-reported, given that the survey conditions (limited possibilities to ensure privacy) didn't allow for total confidentiality.
23. E.g. local authorities, elderly citizens, chief traditional leaders.
24. Kutcha is a type of house made of branches, mud, tarpaulin, or jute. Semi-pucca is a house where either the roof or the walls are made of 'pucca' materials such as burnt bricks, stone, cement, concrete or timber.

materials, semi-pucca are made of semi-permanent materials. The predominance of kutcha shelters in Bangladesh, and particularly in rural areas,[25] affects shelter security and households' vulnerability during the cyclone season.[26] The majority of households (93%) reported owning their shelter.

Over half of the households (60%) **reported having damage/ noticeable issue in their enclosure.** The most commonly reported enclosure damages were leaks during rain (53%) and minor damage to roof (cracks, openings, 40%).

The majority (93%) **of households reported NFI needs**, most commonly solar lamps/panels (54%), torches/handheld lights (47%) and pressure cookers (47%).

Over half of the households (56%) reported having improved their shelter in the 12 months prior to data collection. **Of the 44% of households who reported not improving their shelters,** 45% reported not improving it because there was **no need to improve,** and 42% because they **didn't have money to pay for materials.**

Education

Overall, **81% of school-aged children** (referred to as 5-18 y.o.) **were enrolled and regularly attending formal school** (4 days out of 5 or 80% of attendance) during the 2022-2023 school year. However, this percentage lowered to 70% for households with at least 1 member with a disability.

The majority of children (91%) aged 5 to 11 were enrolled and regularly attending school, whereas only 72% of children aged 12 to 18 were enrolled and regularly attending school. **The main reported reason for school drop-out for children aged 12 to 18 was that the households could not afford education costs** (60%).

Girls were also more likely to drop out from school because they got married or pregnant (15%) compared to boys (0%), and **boys were more likely to drop out because they were helping at home/ farm** (17%) compared to girls (7%).

Only 22% of children aged 4 (corresponding to pre-primary level) reportedly attended any early childhood education program at any time during the 2022-2023 school year.

Water, Sanitation, and Hygiene (WASH)

Less than half of households reported having had access to an improved drinking water source (42%).[27] The most commonly reported sources of drinking water were deep tubewell (unimproved drinking water source, 44%), and water piped into dwelling (improved drinking water source, 27%).

Overall, half of the households (47%) reported using single pit latrines with slab and 23% twin pit latrines with slab.

Almost a quarter of the households (23%) reported not having any handwashing place in their dwelling/yard/ plot.

Health

During the 3 months prior to data collection, **55% of individuals reported needing healthcare**. Of the 55% of individuals who reported needing healthcare, 12% reported they were not able to obtain health care.

Overall, households' most reported barriers to accessing healthcare were the **cost of treatment** (29%), the **distance to health facility** (20%) and the **absence of functional health facility nearby** (19%).[28] All households who needed healthcare reported they needed to pay for health services (99%).

COORDINATED BY:

ISCG INTER SECTOR COORDINATION GROUP | Rohingya Refugee Response Bangladesh

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UNHCR The UN Refugee Agency

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IOM UN MIGRATION

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

25. International Conference on Engineering Research, Innovation and Education, School of Applied Sciences & Technology, Sylhet, An Analysis of the Construction of Kutcha Houses (Dwellings and Non-Dwellings) in Bangladesh (February 2022). Available here.
26. Natural Hazards and Earth System Sciences, Bangladesh's vulnerability to cyclonic coastal flooding (March 2022). Available here.
27. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
28. This question was asked to all households regardless of if they needed or not healthcare in the 3 months prior to data collection.

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J-MSNA
Host Community

Joint Multi Sectoral Needs Assessment:
Baharchara Union

December 2023
Bangladesh

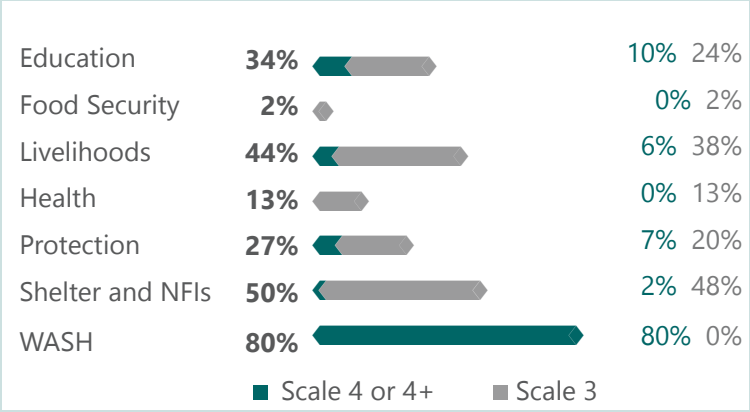
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Baharchara Union** in **Teknaf**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

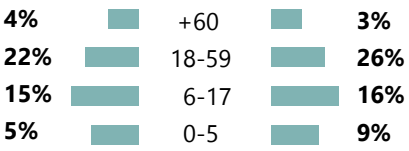


Union Overview

Number of individuals:	28,805
Number of HHs:	4,832
Average HH size (individuals):	5
Upazila:	Teknaf

Survey Demographics

46% Males | Females 54%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	31%
Shelter materials/upgrade	21%
Access to clean drinking water	11%

60% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	84%
Cooking Fuel	48%
Shelter materials/upgrade	45%

Aid Distribution

18% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Food assistance	58%
Cash assistance	32%
NFI assistance	21%

Most commonly reported agencies providing assistance:[4]

Government	68%
Humanitarian organizations	37%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

70%	None or Low
30%	Medium
0%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	5%
Crisis	21%
Stress	54%
None	20%

The most commonly reported coping strategies were found to be:[4]

Borrowed money	66%
Bought food on credit or borrow food	65%
Spent savings to meet essential needs	54%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	15,000 BDT (138 USD)[5]
Other cash inflows:[6]	6,250 BDT (57 USD)[5]
Expenditure:	15,925 BDT (146 USD)[5]

30% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	73%
Income from own production	43%
Income from own business or regular trade	34%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	61%
Transportation	7%
Health	7%

25% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

9%	Pucca
28%	Semi-pucca
55%	Kutcha
8%	Jhuprie

54% of HHs reported having **improved their shelter** in the 12 months prior to data collection

62% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	55%
Minor damage to roof	41%
Damage to walls	33%

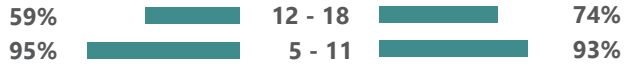
Top three most commonly reported NFI needs:[4]

Solar lamps/panels	65%
Torches/handheld lights	53%
Batteries	51%

Education

Reported regular school attendance by age and gender:[8]

87% Boys | Girls 83%



17% of children aged 4 were reportedly receiving early childhood education

Of the **15%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Marriage and/or pregnancy

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **57% of individuals who required healthcare services** in the three months prior to data collection:

96%	Received healthcare
4%	Didn't receive healthcare

Of the **4%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	96%
Consultation or drugs for chronic illness	6%
Preventative consultation / check-up	3%

54% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	46%
Cost of treatment	32%
Long waiting time for the service/overcrowded	30%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	62%
16-30 minutes	31%
31-60 minutes	5%
1-2 hours	2%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

88%	Fixed or mobile handwashing place
12%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	42%
Shallow tubewell	38%
Piped into dwelling	17%

Top three most commonly reported sanitation facility types:

44%	Single pit latrine with slab
38%	Twin Pit Latrine with slab
17%	Flush to septic tank

0% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

20% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	35%
Drugs, alcohol abuse or consumption	14%
Property disputes	11%

Psychosocial distress:

24% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **8%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	0%
Very safe	37%
Fairly safe	38%
Bit unsafe	20%
Very unsafe	5%

Top three most commonly reported service points for GBV:[1]

Law enforcement officials	35%
Community-based mechanisms	31%
Health facilities	29%

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 55%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

Joint Multi Sectoral Needs Assessment:
Nhilla Union

December 2023
Bangladesh

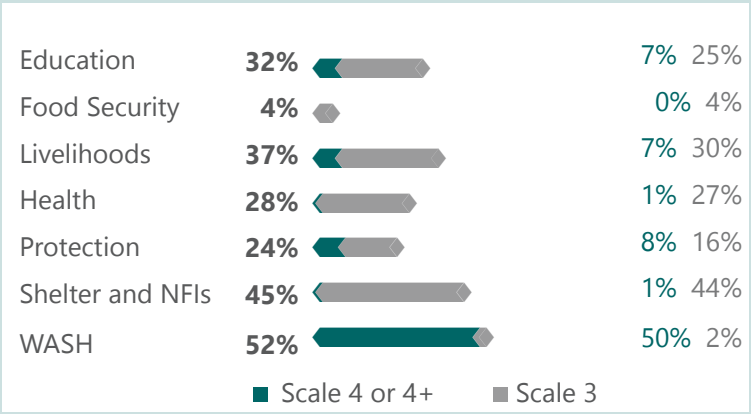
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Nhilla Union** in **Teknaf**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

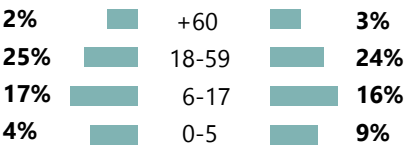


Union Overview

Number of individuals:	46,896
Number of HHs:	8,271
Average HH size (individuals):	6
Upazila:	Teknaf

Survey Demographics

48% Males | Females 52%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	30%
Access to clean drinking water	16%
Shelter materials/upgrade	15%

65% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	80%
Cooking Fuel	45%
Health services/medicine	39%

Aid Distribution

13% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Food assistance	50%
Cash assistance	36%
WASH assistance	14%

Most commonly reported agencies providing assistance:[4]

Government	71%
Humanitarian organizations	29%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

63%	None or Low
36%	Medium
1%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	6%
Crisis	18%
Stress	59%
None	17%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	81%
Borrowed money	71%
Spent savings to meet essential needs	40%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	10,000 BDT	(92 USD)[5]
Other cash inflows:[6]	8,000 BDT	(73 USD)[5]
Expenditure:	15,000 BDT	(138 USD)[5]

30% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	70%
Income from own production	34%
Cash for work	31%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	57%
Transportation	10%
Fuel	6%

38% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

11%	Pucca
34%	Semi-pucca
51%	Kutcha
3%	Jhuprie

56% of HHs reported having **improved their shelter** in the 12 months prior to data collection

68% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	48%
Minor damage to roof	41%
Damage to floors	21%

Top three most commonly reported NFI needs:[4]

Torches/handheld lights	50%
Solar lamps/panels	50%
Pressure cookers	50%

Education

Reported regular school attendance by age and gender:[8]

77% Boys | Girls 79%

13% of children aged 4 were reportedly receiving early childhood education

Of the **22%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **54% of individuals who required healthcare services** in the three months prior to data collection:

85%	Received healthcare
15%	Didn't receive healthcare

Of the **15%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	50%
Consultation or drugs for chronic illness	50%
Preventative consultation / check-up	0%

57% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	43%
Cost of treatment	37%
Health facility is too far away	22%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	38%
16-30 minutes	47%
31-60 minutes	14%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

77%	Fixed or mobile handwashing place
23%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	38%
Piped to neighbour	30%
Piped into dwelling	19%

Top three most commonly reported sanitation facility types:

51%	Single pit latrine with slab
21%	Twin Pit Latrine with slab
14%	Flush to septic tank

6% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

55% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	5%
Environmental degradation	5%
Drugs, alcohol abuse or consumption	5%

Psychosocial distress:

29% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **6%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	1%
Very safe	42%
Fairly safe	35%
Bit unsafe	16%
Very unsafe	6%

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	62%
Law enforcement officials	42%
Health facilities	28%

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 83%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

Joint Multi Sectoral Needs Assessment:
Sabrang Union

December 2023
Bangladesh

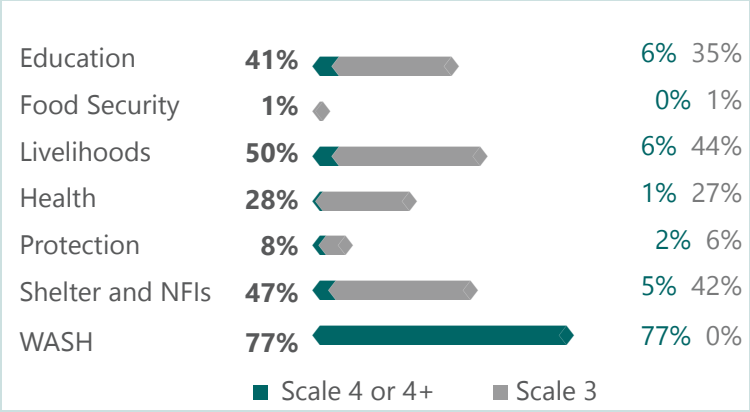
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Sabrang Union** in **Teknaf**, Cox's Bazar district. Primary data was collected through **103** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

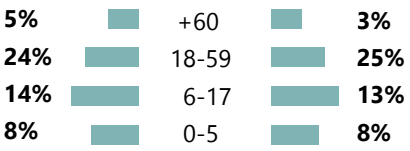


Union Overview

Number of individuals:	58,358
Number of HHs:	9,970
Average HH size (individuals):	5
Upazila:	Teknaf

Survey Demographics

51% Males | Females 49%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	43%
Shelter materials/upgrade	15%
Access to health services/medicine	10%

69% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	67%
Income-generating activities	59%
Safe/functional latrines	37%

Aid Distribution

28% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Cash assistance	62%
Food assistance	38%
NFI assistance	17%

Most commonly reported agencies providing assistance:[4]

Humanitarian organizations	72%
Government	38%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

72%	None or Low
28%	Medium
0%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	4%
Crisis	28%
Stress	53%
None	15%

The most commonly reported coping strategies were found to be:[4]

Borrowed money	76%
Bought food on credit or borrow food	74%
Spent savings to meet essential needs	37%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	10,000 BDT	(92 USD)[5]
Other cash inflows:[6]	6,000 BDT	(55 USD)[5]
Expenditure:	15,000 BDT	(138 USD)[5]

29% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash inflow sources in the 30 days prior to data collection:

Loans, support from family/friends	70%
Income from own production	39%
Casual or daily labour (excl. CFW)	29%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	60%
Transportation	8%
Health	8%

37% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

8%	Pucca
31%	Semi-pucca
52%	Kutcha
9%	Jhuprie

68% of HHs reported having **improved their shelter** in the 12 months prior to data collection

75% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	55%
Minor damage to roof	36%
Damage to walls	24%

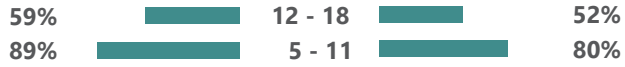
Top three most commonly reported NFI needs:[4]

Solar lamps/panels	67%
Pressure cookers	52%
Batteries	50%

Education

Reported regular school attendance by age and gender:[8]

81% Boys | Girls 78%



59%	12 - 18	52%
89%	5 - 11	80%

23% of children aged 4 were reportedly receiving early childhood education

Of the **20%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **57% of individuals who required healthcare services** in the three months prior to data collection:

86%	Received healthcare
14%	Didn't receive healthcare

Of the **14%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	95%
Consultation or drugs for chronic illness	7%
Preventative consultation / check-up	5%

68% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Cost of treatment	40%
None	32%
No functional health facility nearby	28%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	28%
16-30 minutes	50%
31-60 minutes	22%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

73%	Fixed or mobile handwashing place
27%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	52%
Shallow tubewell	25%
Piped into dwelling	18%

Top three most commonly reported sanitation facility types:

51%	Single pit latrine with slab
22%	Twin Pit Latrine with slab
17%	Flush to septic tank

8% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

22% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Property disputes	20%
Environmental degradation	5%
Intimate partner violence	5%

Psychosocial distress:

32% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **11%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	0%
Very safe	45%
Fairly safe	47%
Bit unsafe	6%
Very unsafe	2%

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	63%
Health facilities	29%
Law enforcement officials	24%

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 72%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

J-MSNA
Host Community

Joint Multi Sectoral Needs Assessment:
Teknaf Union

December 2023
Bangladesh

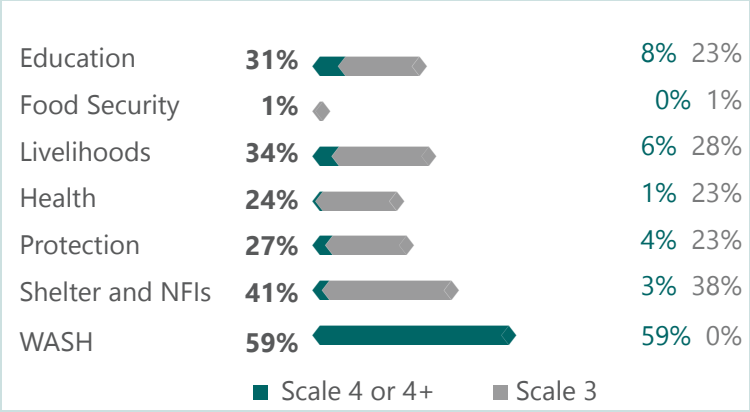
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Teknaf Union** in **Teknaf**, Cox's Bazar district. Primary data was collected through **102** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

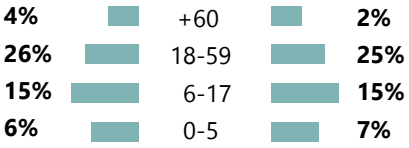


Union Overview

Number of individuals:	47,708
Number of HHs:	8,467
Average HH size (individuals):	6
Upazila:	Teknaf

Survey Demographics

51% Males | Females 49%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	32%
Access to clean drinking water	18%
Shelter materials/upgrade	11%

60% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	87%
Income-generating activities	51%
Health services/medicine	46%

Aid Distribution

20% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Food assistance	70%
WASH assistance	20%
Cash assistance	15%

Most commonly reported agencies providing assistance:[4]

Government	75%
Humanitarian organizations	30%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

61%	None or Low
35%	Medium
4%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	5%
Crisis	22%
Stress	48%
None	25%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	67%
Borrowed money	60%
Spent savings to meet essential needs	29%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	15,000 BDT (138 USD)[5]
Other cash inflows:[6]	6,000 BDT (55 USD)[5]
Expenditure:	17,275 BDT (158 USD)[5]

28% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	58%
Income from own production	35%
Casual or daily labour (excl. CFW)	34%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	60%
Transportation	8%
Health	7%

25% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

11%	Pucca
37%	Semi-pucca
47%	Kutcha
5%	Jhuprie

50% of HHs reported having **improved their shelter** in the 12 months prior to data collection

74% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	53%
Minor damage to roof	41%
Damage to walls	15%

Top three most commonly reported NFI needs:[4]

Solar lamps/panels	64%
Torches/handheld lights	55%
Pressure cookers	45%

Education

Reported regular school attendance by age and gender:[8]

73% Boys | Girls 65%

75%	12 - 18	68%
89%	5 - 11	87%

22% of children aged 4 were reportedly receiving early childhood education

Of the **31%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:

86%	Received healthcare
14%	Didn't receive healthcare

Of the **14%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	91%
Preventative consultation / check-up	7%
Consultation or drugs for chronic illness	4%

53% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	47%
Cost of treatment	33%
No functional health facility nearby	29%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	26%
16-30 minutes	53%
31-60 minutes	20%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

67%	Fixed or mobile handwashing place
33%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	40%
Piped into dwelling	33%
Shallow tubewell	13%

Top three most commonly reported sanitation facility types:

56%	Single pit latrine with slab
19%	Flush to septic tank
17%	Twin Pit Latrine with slab

4% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

42% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	35%
Drugs, alcohol abuse or consumption	21%
Disputes between host communities and refugees	13%

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	2%
Very safe	30%
Fairly safe	43%
Bit unsafe	23%
Very unsafe	2%

Psychosocial distress:

26% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **5%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	43%
Health facilities	39%
Law enforcement officials	31%

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 52%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

J-MSNA
Host Community

December 2023
Bangladesh

Joint Multi Sectoral Needs Assessment:
Teknaf Paurashava

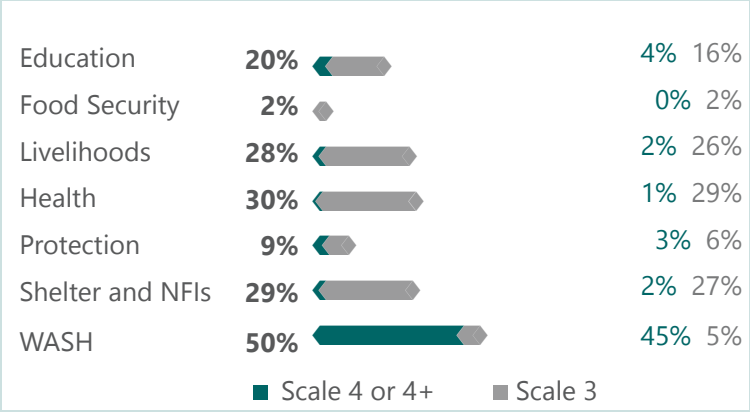
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Teknaf Paurashava Union** in **Teknaf**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

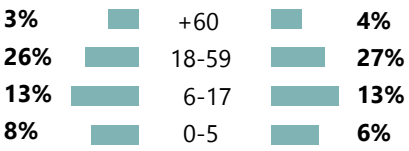


Union Overview

Number of individuals:	25,056
Number of HHs:	4,752
Average HH size (individuals):	6
Upazila:	Teknaf

Survey Demographics

50% Males | Females 50%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	32%
Shelter materials/upgrade	14%
Electricity/solar lamps/batteries	10%

65% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	82%
Shelter materials/upgrade	52%
Health services/medicine	48%

Aid Distribution

17% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Cash assistance	78%
Food assistance	17%
NFI assistance	6%

Most commonly reported agencies providing assistance:[4]

Government	67%
Humanitarian organizations	33%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

57%	None or Low
41%	Medium
2%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	2%
Crisis	20%
Stress	46%
None	32%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	60%
Borrowed money	50%
Spent savings to meet essential needs	41%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	15,000 BDT (138 USD)[5]
Other cash inflows:[6]	8,000 BDT (73 USD)[5]
Expenditure:	16,800 BDT (154 USD)[5]

31% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	53%
Income from own business or regular trade	45%
Salaried work	29%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	56%
Transportation	8%
Health	7%

19% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

13%	Pucca
57%	Semi-pucca
25%	Kutcha
5%	Jhuprie

47% of HHs reported having **improved their shelter** in the 12 months prior to data collection

70% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

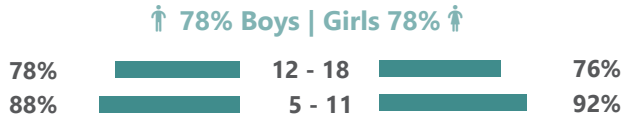
Leaks during rain	55%
Minor damage to roof	43%
Damage to floors	13%

Top three most commonly reported NFI needs:[4]

Solar lamps/panels	54%
Pressure cookers	54%
Torches/handheld lights	47%

Education

Reported regular school attendance by age and gender:[8]



10% of children aged 4 were reportedly receiving early childhood education

Of the **22%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:

89%	Received healthcare
11%	Didn't receive healthcare

Of the **11%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	83%
Preventative consultation / check-up	18%
Consultation or drugs for chronic illness	7%

37% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	63%
Cost of treatment	27%
Long waiting time for the service/overcrowded	10%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	62%
16-30 minutes	37%
31-60 minutes	1%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

85%	Fixed or mobile handwashing place
15%	No handwashing place

Top primary sources of drinking water:

Piped into dwelling	38%
Deep tubewell	30%
Piped to neighbour	14%

Top three most commonly reported sanitation facility types:

53%	Flush to septic tank
30%	Single pit latrine with slab
8%	Twin Pit Latrine with slab

0% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

56% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Property disputes	20%
Environmental degradation	19%
Crime and violence	12%

Psychosocial distress:

44% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **0%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	2%
Very safe	63%
Fairly safe	29%
Bit unsafe	6%
Very unsafe	0%

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	64%
Health facilities	49%
Law enforcement officials	38%

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 57%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

J-MSNA
Host Community

December 2023
Bangladesh

Joint Multi Sectoral Needs Assessment:
Whykong Union

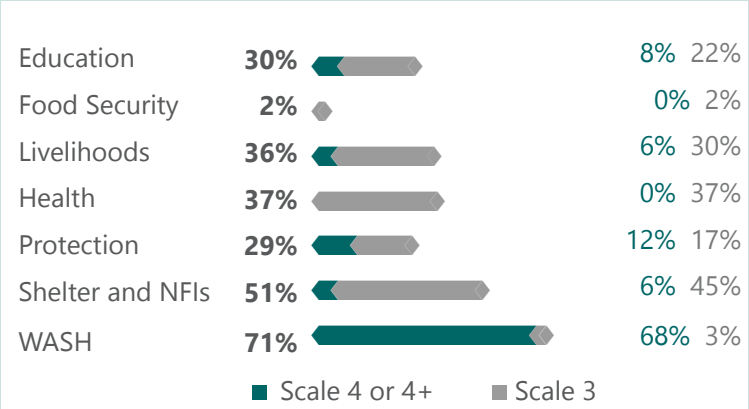
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Whykong Union** in **Teknaf**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

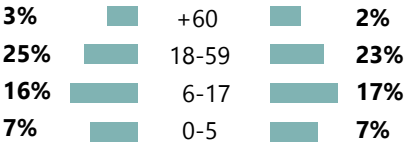


Union Overview

Number of individuals:	50,863
Number of HHs:	8,867
Average HH size (individuals):	6
Upazila:	Teknaf

Survey Demographics

51% Males | Females 49%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	35%
Shelter materials/upgrade	18%
Access to clean drinking water	13%

70% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	79%
Cooking Fuel	55%
Income-generating activities	45%

Aid Distribution

16% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Food assistance	35%
Cash assistance	35%
WASH assistance	24%

Most commonly reported agencies providing assistance:[4]

Government	53%
Humanitarian organizations	47%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

66%	None or Low
34%	Medium
0%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	2%
Crisis	22%
Stress	55%
None	21%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	70%
Borrowed money	69%
Spent savings to meet essential needs	36%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	12,000 BDT (110 USD)[5]
Other cash inflows:[6]	7,000 BDT (64 USD)[5]
Expenditure:	14,000 BDT (128 USD)[5]

27% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	66%
Casual or daily labour (excl. CFW)	42%
Income from own production	31%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	62%
Transportation	9%
Health	6%

23% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

8%	Pucca
34%	Semi-pucca
53%	Kutcha
5%	Jhuprie

49% of HHs reported having **improved their shelter** in the 12 months prior to data collection

69% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	54%
Minor damage to roof	40%
Damage to walls	29%

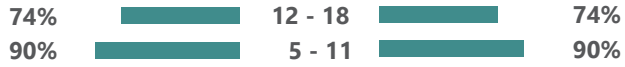
Top three most commonly reported NFI needs:[4]

Pressure cookers	53%
Torches/handheld lights	50%
Solar lamps/panels	43%

Education

Reported regular school attendance by age and gender:[8]

84% Boys | Girls 88%



45% of children aged 4 were reportedly receiving early childhood education

Of the **14%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Not able to register or enrol child in the school

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **57% of individuals who required healthcare services** in the three months prior to data collection:

79%	Received healthcare
21%	Didn't receive healthcare

Of the **21%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	86%
Preventative consultation / check-up	14%
Consultation or drugs for chronic illness	9%

51% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	49%
Cost of treatment	29%
Health facility is too far away	28%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	36%
16-30 minutes	46%
31-60 minutes	18%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

70%	Fixed or mobile handwashing place
30%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	50%
Piped to neighbour	18%
Piped into dwelling	12%

Top three most commonly reported sanitation facility types:

54%	Single pit latrine with slab
25%	Twin Pit Latrine with slab
10%	Flush to septic tank

5% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

37% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	8%
Property disputes	6%
Environmental degradation	4%

Psychosocial distress:

39% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **8%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	2%
Very safe	42%
Fairly safe	29%
Bit unsafe	18%
Very unsafe	9%

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	63%
Health facilities	51%
Law enforcement officials	35%

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 87%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

J-MSNA
Host Community

December 2023
Bangladesh

Joint Multi Sectoral Needs Assessment:
Haldia Palong Union

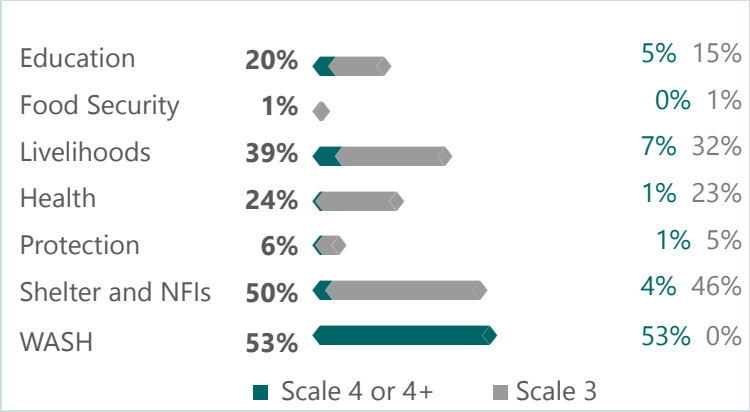
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Haldia Palong Union** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

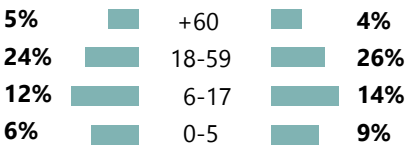


Union Overview

Number of individuals:	47,461
Number of HHs:	9,006
Average HH size (individuals):	5
Upazila:	Ukhiya

Survey Demographics

47% Males | Females 53%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	22%
Shelter materials/upgrade	19%
Access to safe/functional latrines	16%

66% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	81%
Health services/medicine	47%
Cooking Fuel	46%

Aid Distribution

15% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Cash assistance	56%
Food assistance	44%
Livelihoods assistance	6%

Most commonly reported agencies providing assistance:[4]

Government	81%
Humanitarian organizations	19%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

67%	None or Low
33%	Medium
0%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	6%
Crisis	17%
Stress	55%
None	22%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	72%
Borrowed money	57%
Spent savings to meet essential needs	31%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	14000 BDT (128 USD)[5]
Other cash inflows:[6]	6,000 BDT (55 USD)[5]
Expenditure:	14,910 BDT (137 USD)[5]

29% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	59%
Income from own production	44%
Casual or daily labour (excl. CFW)	29%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	58%
Transportation	9%
Health	9%

18% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

11%	Pucca
24%	Semi-pucca
63%	Kutcha
2%	Jhuprie

50% of HHs reported having **improved their shelter** in the 12 months prior to data collection

80% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

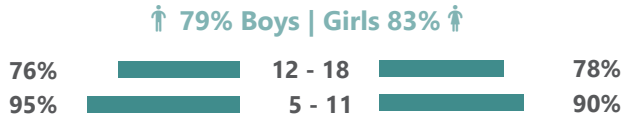
Leaks during rain	59%
Minor damage to roof	45%
Damage to walls	22%

Top three most commonly reported NFI needs:[4]

Pressure cookers	60%
Solar lamps/panels	54%
Torches/handheld lights	49%

Education

Reported regular school attendance by age and gender:[8]



43% of children aged 4 were reportedly receiving early childhood education

Of the **19%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Child helping at home / farm

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2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **57% of individuals who required healthcare services** in the three months prior to data collection:

89%	Received healthcare
11%	Didn't receive healthcare

Of the **11%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	82%
Preventative consultation / check-up	27%
Consultation or drugs for chronic illness	0%

54% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	46%
Cost of treatment	31%
Health facility is too far away	27%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	33%
16-30 minutes	46%
31-60 minutes	20%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

72%	Fixed or mobile handwashing place
28%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	40%
Piped into dwelling	36%
Shallow tubewell	11%

Top three most commonly reported sanitation facility types:

56%	Single pit latrine with slab
20%	Flush to septic tank
11%	Twin Pit Latrine with slab

8% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

49% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Property disputes	14%
Crime and violence	10%
Problems created by lack of services	8%

Psychosocial distress:

39% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **0%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	0%
Very safe	57%
Fairly safe	37%
Bit unsafe	5%
Very unsafe	1%

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	55%
Family/relatives/guardians/curator	38%
Health facilities	34%

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 71%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

Joint Multi Sectoral Needs Assessment:
Jalia Palong Union

December 2023
Bangladesh

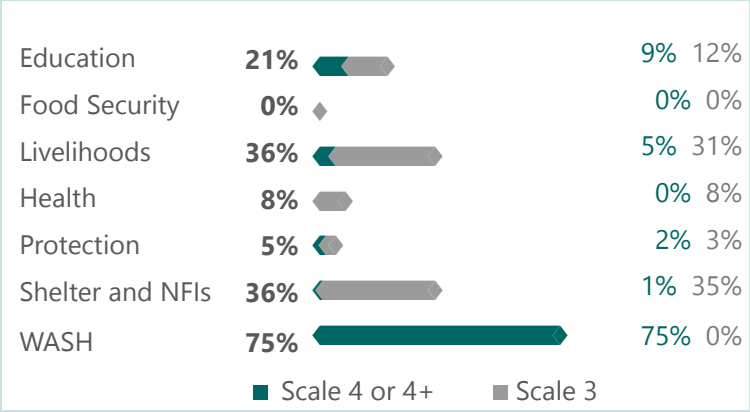
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Jalia Palong Union** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

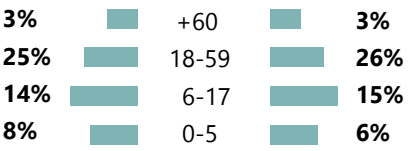


Union Overview

Number of individuals:	47,656
Number of HHs:	8,511
Average HH size (individuals):	6
Upazila:	Ukhiya

Survey Demographics

50% Males | Females 50%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	32%
Shelter materials/upgrade	13%
Access to safe/functional latrines	12%

49% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	90%
Health services/medicine	52%
Income-generating activities	46%

Aid Distribution

14% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Food assistance	67%
Cash assistance	33%
WASH assistance	13%

Most commonly reported agencies providing assistance:[4]

Government	73%
Humanitarian organizations	33%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

56%	None or Low
44%	Medium
0%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	3%
Crisis	23%
Stress	40%
None	34%

The most commonly reported coping strategies were found to be:[4]

Borrowed money	61%
Spent savings to meet essential needs	55%
Bought food on credit or borrow food	46%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	10,000 BDT	(92 USD)[5]
Other cash inflows:[6]	9,000 BDT	(83 USD)[5]
Expenditure:	14,800 BDT	(136 USD)[5]

30% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	56%
Casual or daily labour (excl. CFW)	39%
Income from own production	36%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	62%
Transportation	8%
Fuel	6%

27% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

12%	Pucca
37%	Semi-pucca
47%	Kutcha
3%	Jhuprie

62% of HHs reported having **improved their shelter** in the 12 months prior to data collection

57% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	50%
Minor damage to roof	40%
Damage to floors	21%

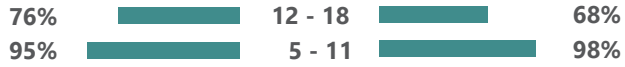
Top three most commonly reported NFI needs:[4]

Solar lamps/panels	53%
Torches/handheld lights	50%
Pressure cookers	48%

Education

Reported regular school attendance by age and gender:[8]

89% Boys | Girls 91%



31% of children aged 4 were reportedly receiving early childhood education

Of the **10%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **52%** **of individuals who required healthcare services** in the three months prior to data collection:

99%	Received healthcare
1%	Didn't receive healthcare

Of the **1%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	**78%**
Preventative consultation / check-up	**20%**
Consultation or drugs for chronic illness	**6%**

37% **of HHs reported facing barriers to access healthcare***, with the top three most commonly reported barriers including:[1]

None	**63%**
Specific medicine, treatment, service unavailable	**16%**
No functional health facility nearby	**15%**

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	**47%**
16-30 minutes	**36%**
31-60 minutes	**17%**
1-2 hours	**0%**

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

88%	Fixed or mobile handwashing place
12%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	**56%**
Shallow tubewell	**19%**
Piped into dwelling	**16%**

Top three most commonly reported sanitation facility types:

39%	Twin Pit Latrine with slab
32%	Single pit latrine with slab
23%	Flush to septic tank

4% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

24% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Drugs, alcohol abuse or consumption	**17%**
Crime and violence	**10%**
Property disputes	**8%**

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	**0%**
Very safe	**57%**
Fairly safe	**39%**
Bit unsafe	**3%**
Very unsafe	**1%**

Psychosocial distress:

39% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **0%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Top three most commonly reported service points for GBV:[1]

Health facilities	**62%**
Law enforcement officials	**31%**
Family/relatives/guardians/curator	**29%**

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 68%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

Joint Multi Sectoral Needs Assessment:
Palong Khali Union

December 2023
Bangladesh

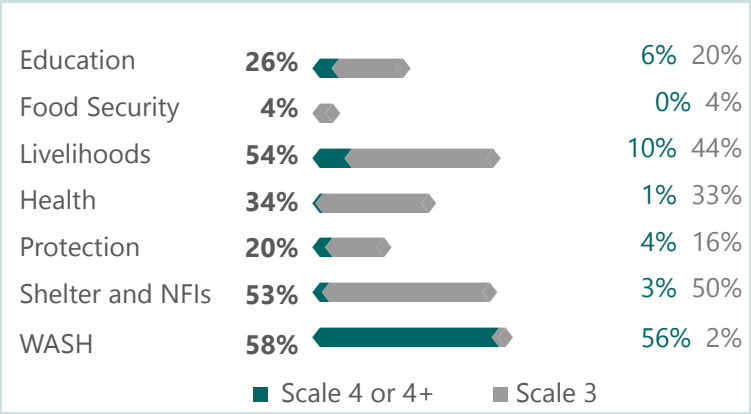
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Palong Khali Union** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

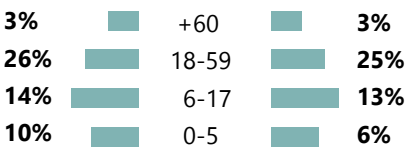


Union Overview

Number of individuals:	32,843
Number of HHs:	5,589
Average HH size (individuals):	6
Upazila:	Ukhiya

Survey Demographics

53% Males | Females 47%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	40%
Shelter materials/upgrade	13%
Access to safe/functional latrines	9%

62% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	82%
Health services/medicine	54%
Shelter materials/upgrade	43%

Aid Distribution

20% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Food assistance	52%
WASH assistance	24%
Cash assistance	14%

Most commonly reported agencies providing assistance:[4]

Government	62%
Humanitarian organizations	33%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

62%	None or Low
38%	Medium
0%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	7%
Crisis	27%
Stress	47%
None	19%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	68%
Borrowed money	64%
Reduce essential non-food expenditures	28%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	12,000 BDT (110 USD)[5]
Other cash inflows:[6]	7,000 BDT (64 USD)[5]
Expenditure:	16,300 BDT (150 USD)[5]

32% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	54%
Income from own production	42%
Casual or daily labour (excl. CFW)	37%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	66%
Transportation	7%
Health	7%

36% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

5%	Pucca
26%	Semi-pucca
69%	Kutcha
0%	Jhuprie

64% of HHs reported having **improved their shelter** in the 12 months prior to data collection

77% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

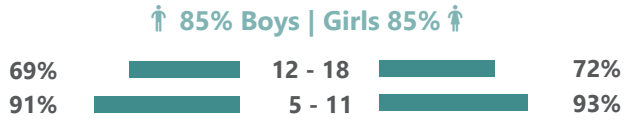
Leaks during rain	51%
Minor damage to roof	40%
Damage to walls	32%

Top three most commonly reported NFI needs:[4]

Mosquito nets	50%
Solar lamps/panels	48%
Blankets	43%

Education

Reported regular school attendance by age and gender:[8]



12% of children aged 4 were reportedly receiving early childhood education

Of the **15%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Not able to register or enrol child in the school

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3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **54% of individuals who required healthcare services** in the three months prior to data collection:

79%	Received healthcare
21%	Didn't receive healthcare

Of the **21%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	**83%**
Preventative consultation / check-up	**26%**
Consultation or drugs for chronic illness	**9%**

73% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	**37%**
Cost of treatment	**36%**
Health facility is too far away	**34%**

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	**35%**
16-30 minutes	**41%**
31-60 minutes	**20%**
1-2 hours	**4%**

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

43%	Fixed or mobile handwashing place
57%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	**48%**
Piped into dwelling	**30%**
Piped to neighbour	**10%**

Top three most commonly reported sanitation facility types:

50%	Single pit latrine with slab
20%	Twin Pit Latrine with slab
17%	Flush to septic tank

6% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

45% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	**34%**
Drugs, alcohol abuse or consumption	**25%**
Environmental degradation	**13%**

Psychosocial distress:

17% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **0%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	**1%**
Very safe	**32%**
Fairly safe	**48%**
Bit unsafe	**17%**
Very unsafe	**2%**

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	**61%**
Health facilities	**29%**
Legal aid service providers	**22%**

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 49%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

Joint Multi Sectoral Needs Assessment:
Raja Palong Union

December 2023
Bangladesh

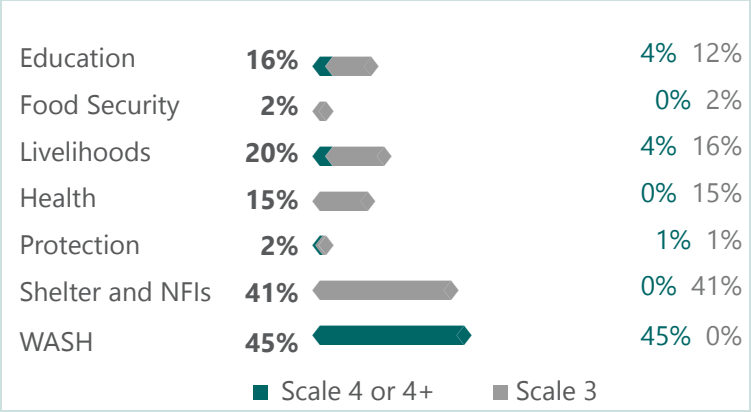
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Raja Palong Union** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

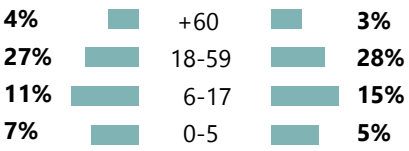


Union Overview

Number of individuals:	56,895
Number of HHs:	10,596
Average HH size (individuals):	5
Upazila:	Ukhiya

Survey Demographics

49% Males | Females 51%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	32%
Access to clean drinking water	14%
Shelter materials/upgrade	9%

53% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	82%
Health services/medicine	54%
Cooking Fuel	44%

Aid Distribution

14% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Cash assistance	40%
Food assistance	33%
Livelihoods assistance	13%

Most commonly reported agencies providing assistance:[4]

Government	67%
Humanitarian organizations	33%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

65%	None or Low
34%	Medium
1%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	2%
Crisis	9%
Stress	66%
None	23%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	70%
Borrowed money	53%
Spent savings to meet essential needs	42%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	12,000 BDT (110 USD)[5]
Other cash inflows:[6]	6,000 BDT (55 USD)[5]
Expenditure:	15,900 BDT (146 USD)[5]

29% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	54%
Income from own business or regular trade	39%
Cash for work	36%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	62%
Transportation	11%
Utilities	7%

38% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

12%	Pucca
41%	Semi-pucca
47%	Kutcha
0%	Jhuprie

56% of HHs reported having **improved their shelter** in the 12 months prior to data collection

57% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	47%
Minor damage to roof	41%
Damage to walls	21%

Top three most commonly reported NFI needs:[4]

Solar lamps/panels	46%
Torches/handheld lights	45%
Kitchen sets	40%

Education

Reported regular school attendance by age and gender:[8]

72% Boys | Girls 83%

81%	12 - 18	91%
83%	5 - 11	98%

15% of children aged 4 were reportedly receiving early childhood education

Of the **22%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **50% of individuals who required healthcare services** in the three months prior to data collection:

97%	Received healthcare
3%	Didn't receive healthcare

Of the **3%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	**92%**
Consultation or drugs for chronic illness	**15%**
Preventative consultation / check-up	**0%**

29% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	**71%**
Health facility is too far away	**16%**
Cost of treatment	**13%**

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	**39%**
16-30 minutes	**52%**
31-60 minutes	**9%**
1-2 hours	**0%**

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

99%	Fixed or mobile handwashing place
1%	No handwashing place

Top primary sources of drinking water:

Piped into dwelling	**42%**
Deep tubewell	**40%**
Piped to neighbour	**10%**

Top three most commonly reported sanitation facility types:

45%	Single pit latrine with slab
24%	Twin Pit Latrine with slab
15%	Flush to septic tank

7% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

57% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Drugs, alcohol abuse or consumption	**14%**
Crime and violence	**7%**
Property disputes	**6%**

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	**0%**
Very safe	**67%**
Fairly safe	**31%**
Bit unsafe	**1%**
Very unsafe	**1%**

Psychosocial distress:

30% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **0%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	**46%**
Family/relatives/guardians/curator	**35%**
Legal aid service providers	**31%**

1. Respondents could select multiple options. Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation.
4. Unimproved latrine facilities include single pit latrines without slab and no facility/bush/field.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options unless they selected "None" 81%. Findings may therefore exceed 100%.
7. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.

Joint Multi Sectoral Needs Assessment:
Ratna Palong Union

December 2023
Bangladesh

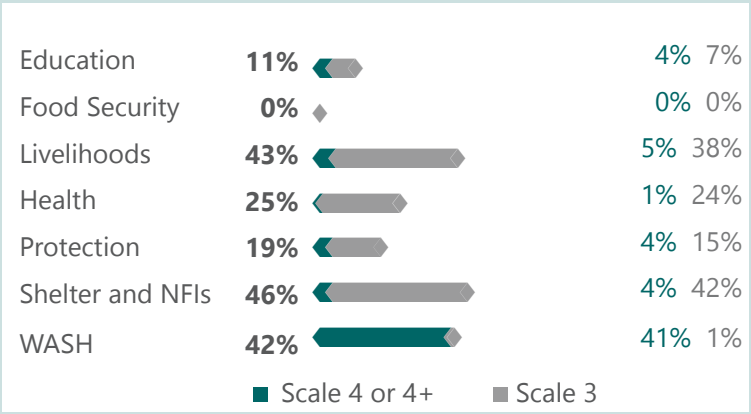
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of the population in **Ratna Palong Union** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 27th of August and the 14th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the union level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

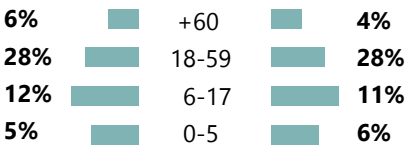


Union Overview

Number of individuals:	22,524
Number of HHs:	4,238
Average HH size (individuals):	5
Upazila:	Ukhiya

Survey Demographics

51% Males | Females 49%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	27%
Shelter materials/upgrade	14%
Access to safe/functional latrines	12%

67% of HHs reported that they **can afford fewer goods and services** compared to last year

Top three most commonly reported basic needs that the HHs could afford at the time of data collection, compared to last year:[3]

Food	78%
Health services/medicine	42%
Income-generating activities	42%

Aid Distribution

22% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

Most commonly reported type of assistance received:[4]

Food assistance	30%
WASH assistance	26%
Livelihoods assistance	22%

Most commonly reported agencies providing assistance:[4]

Humanitarian organizations	65%
Government	39%

1. For more information, refer to annex 1.
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
4. Respondents could select multiple options. Findings may therefore exceed 100%.

Food Security and Livelihoods

Reduced Coping Strategy Index (rCSI)[1]

55%	None or Low
42%	Medium
3%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	5%
Crisis	29%
Stress	39%
None	27%

The most commonly reported coping strategies were found to be:[4]

Bought food on credit or borrow food	61%
Borrowed money	58%
Spent savings to meet essential needs	32%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	13,000 BDT (119 USD)[5]
Other cash inflows:[6]	7,000 BDT (64 USD)[5]
Expenditure:	13,300 BDT (122 USD)[5]

37% of HHs with at least one member earning an income

Top three most commonly reported HH income and cash in-flow sources in the 30 days prior to data collection:

Loans, support from family/friends	50%
Income from own business or regular trade	40%
Income from own production	40%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	62%
Transportation	8%
Fuel	7%

21% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & NFIs

Most commonly reported shelter types:

11%	Pucca
38%	Semi-pucca
49%	Kutcha
2%	Jhuprie

50% of HHs reported having **improved their shelter** in the 12 months prior to data collection

70% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported enclosure issues:[4]

Leaks during rain	67%
Minor damage to roof	36%
Damage to floors	20%

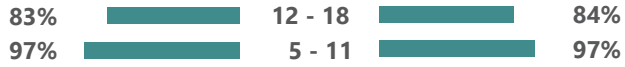
Top three most commonly reported NFI needs:[4]

Solar lamps/panels	50%
Pressure cookers	39%
Torches/handheld lights	28%

Education

Reported regular school attendance by age and gender:[8]

84% Boys | Girls 85%



30% of children aged 4 were reportedly receiving early childhood education

Of the **16%** of HHs who reported that **at least one school-aged child (5-18 y.o) was not enrolled or was not attending school regularly,**[8] in the 2022-2023 school year, the most commonly reported barriers included:

- Cannot afford education-related costs
- Not able to register or enrol child in the school

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: regular labour, casual or daily labour, income from own business or trade, income from own production, cash for work. Other cash inflow sources: loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **59% of individuals who required healthcare services** in the three months prior to data collection:

89%	Received healthcare
11%	Didn't receive healthcare

Of the **11%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	92%
Preventative consultation / check-up	33%
Consultation or drugs for chronic illness	0%

51% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	49%
Cost of treatment	28%
Health facility is too far away	22%

* The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	46%
16-30 minutes	44%
31-60 minutes	9%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

86%	Fixed or mobile handwashing place
14%	No handwashing place

Top primary sources of drinking water:

Deep tubewell	32%
Piped into dwelling	32%
Piped into compound, yard	21%

Top three most commonly reported sanitation facility types:

35%	Flush to septic tank
33%	Single pit latrine with slab
24%	Twin Pit Latrine with slab

2% of HHs reported using unimproved latrine facilities[4]

Access to an improved drinking water source:

60% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	19%
Drugs, alcohol abuse or consumption	16%
Property disputes	12%

Psychosocial distress:

38% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **8%** HHs reported that at least one of their **children (3-17)** showed these signs[7]

Feeling of safety after dark while walking alone in the neighbourhood:

Never walk alone after dark	0%
Very safe	62%
Fairly safe	21%
Bit unsafe	15%
Very unsafe	2%

Top three most commonly reported service points for GBV:[1]

Community-based mechanisms	43%
Health facilities	42%
Law enforcement officials	26%

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Host Community Comparative Overview

	Education		Food		WASH		Protection		Shelter & NFIs		Health
	% of children (5-18 y.o.) reportedly enrolled and attending formal school regularly (2022-2023)	% of children aged 4 y.o. who attended an early childhood education programme (2022-2023)	% of HH with an acceptable Food Consumption Score (FCS)	% of HH using livelihoods coping strategies (LCSI)	% of HH having had access to an improved drinking water source	% of HH with access to functioning handwashing facilities	% of HH reporting they feel a bit or very unsafe walking alone at night	% of HH members with psychosocial distress	% of HH living in safe and dignified dwellings	% of HH reporting enclosure damage/ issues	% of individuals with an unmet health care need
Ukhiya Upazila											
Haldia Palong	99%	43%	88%	86%	49%	72%	6%	39%	85%	59%	11%
Jalia Palong	99%	31%	95%	83%	24%	88%	4%	39%	85%	58%	1%
Raja Palong	99%	15%	86%	88%	57%	99%	2%	30%	85%	54%	3%
Ratna Palong	100%	30%	73%	87%	60%	86%	17%	38%	85%	70%	11%
Palong Khali	99%	12%	71%	87%	45%	43%	19%	17%	85%	65%	21%
Teknaf Upazila											
Baharchara	98%	17%	97%	88%	20%	88%	25%	24%	85%	62%	4%
Nhilla	95%	13%	88%	88%	55%	77%	22%	29%	85%	57%	15%
Sabrang	96%	23%	96%	91%	22%	73%	8%	32%	85%	66%	14%
Teknaf	100%	22%	88%	85%	42%	67%	25%	26%	85%	57%	14%
Teknaf Paurashava	99%	10%	88%	83%	56%	85%	6%	44%	85%	58%	11%
Whykong	98%	45%	85%	84%	37%	70%	27%	39%	85%	63%	21%

Annex 1: Analysis of Living Standards

REACH facilitates the collection and analysis of crisis-level data across sectors and population groups through Multi-Sector Needs Assessments (MSNA) to support decision-making by humanitarian actors. MSNAs are conducted within a strong partnership framework at sector and inter-sector level. They are timed in order to inform strategic decision-making milestones along the humanitarian program cycle (HPC), such as the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

Note: The MSNA data analysis framework is completely independent from the Joint Inter-Sector Analysis Framework (JIAF). While some of the conceptual elements for the MSNA do come from the JIAF 1.1 (e.g. 'Living Standards Gap', indicators, severity categories), the methodology used is different. Furthermore, the JIAF is being developed through an inter-agency group and implemented primarily to produce inter-sectoral PiN (and area-level severity) using different data sources available in-country. Meanwhile, the REACH MSNA analysis method was developed internally by REACH and is implemented primarily using household-level data collected through the MSNA. In line with the research questions, the analysis aims to provide a crisis-wide overview of humanitarian needs and the underlying drivers, that influence access to basic needs and services.

The methodology relies on a two-step aggregation process:

1. Aggregation of indicators at the sector level: Construction of sectoral Living Standard Gaps (LSG).
2. Aggregation of sectoral LSGs into a multi-sectoral composite result: Multi-Sector Needs Index (MSNI).

The key analytical components are:

- **Living Standard Gap (LSG):** signifies a need in a given sector, where the LSG severity score is 3 or higher.
- **Livelihood Coping Strategies Index (LCSI):** signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Severity:** signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no gap) to 4 (extreme needs)/4+ (very extreme needs).
- **Magnitude:** corresponds to the overall number or percentage of households in need.

The Multi-Sectoral Needs Index (MSNI) is a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The different levels of severity can be broadly defined as follows:

- **Very extreme (4+):** Indications of total collapse of living standards, with potentially immediately life-threatening outcomes (increased risk of mortality and / or irreversible harm to physical or mental well-being).
- **Extreme (4):** Collapse of living standards. (Risk of) significant harm to physical or mental well-being.
- **Severe (3):** Degrading living standards, with reduced access to / availability of basic goods and services. (Risk of) degrading physical or mental well-being.
- **Stress (2):** Living standards are under stress. Minimal (risk of) impact on physical or mental well-being / stressed physical or mental well-being overall.
- **Minimal (1):** Living standards are acceptable, at a maximum showing some signs of deterioration and / or inadequate access to basic services. No or minimal (risk of) impact on physical or mental well-being

For more information, access the full methodology note via this link.