Joint Multi-Sector Needs Assessment (J-MSNA)
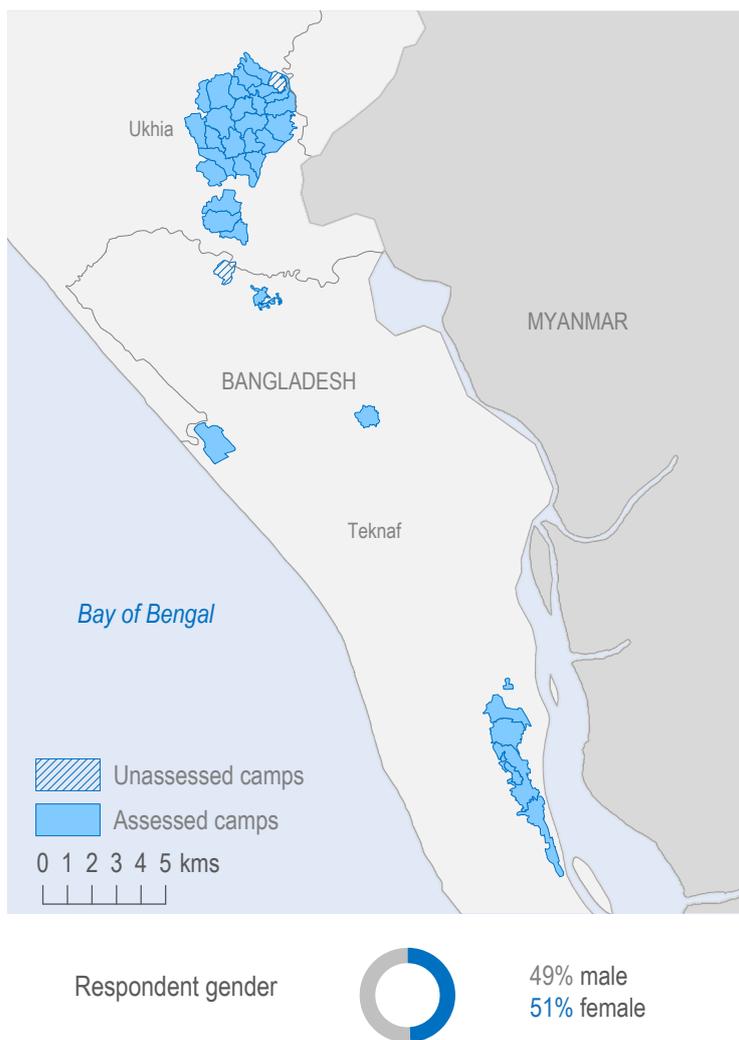
CONTEXT AND METHODOLOGY

In successive waves over four decades, Rohingya refugees have been fleeing to Bangladesh from Rakhine State, Myanmar, where they have suffered systematic, ongoing persecution. Since August 2017, an estimated 745,000 Rohingya refugees have arrived in Cox's Bazar, Bangladesh, increasing the total number of Rohingya refugees to more than 900,000.[1] Most of the newly-arrived refugees have settled in hilly, formerly-forested areas that are vulnerable to landslides and flash-flooding in monsoon season and rely heavily on humanitarian assistance to cover their basic needs. As the crisis moves beyond the initial emergency phase, comprehensive information on the needs and vulnerabilities of affected populations is needed in order to inform the design and implementation of effective inter-sectoral programming.

To this aim, a Joint Multi-Sector Needs Assessment (J-MSNA) was conducted across Rohingya refugee populations to support humanitarian planning and enhance operational and strategic decision-making. The J-MSNA was conducted in support of the mid-term review of the 2019 Joint Response Plan (JRP), with the specific objective of enabling the tracking of JRP 2019 indicators for monitoring and review purposes.
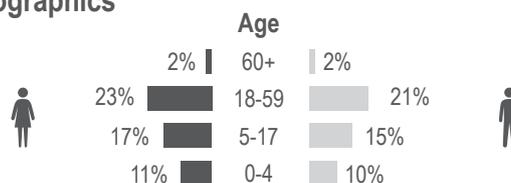
A total of 876 households were surveyed across 33 refugee sites,[2] employing a simple random sampling methodology of shelter footprints within official site boundaries. Each survey was conducted with an adult household representative responding on behalf of the household and its members. Findings are generalisable to refugee populations living within each of the two Upazilas[2] with a 95% confidence level and 5% margin of error. This factsheet presents key findings from both Upazilas, where households were surveyed between 9 - 24 June 2019.

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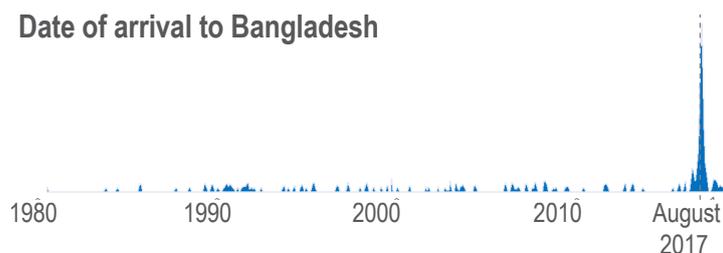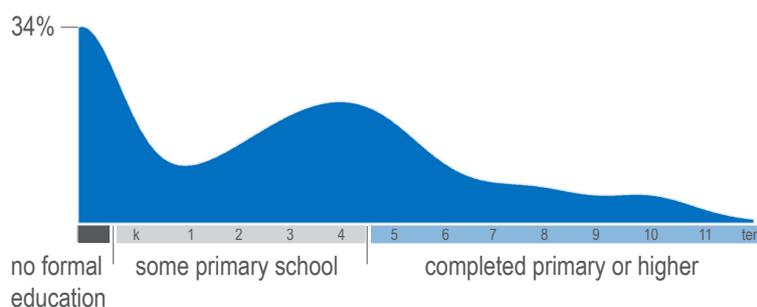

Ukhia

MYANMAR

BANGLADESH

Teknaf

Bay of Bengal

Unassessed camps

Assessed camps

0 1 2 3 4 5 kms

Respondent gender — 49% male / 51% female

POPULATION PROFILE

Demographics

Age

	Female		Male	
60+	2%		2%	
18-59	23%		21%	
5-17	17%		15%	
0-4	11%		10%	

Date of arrival to Bangladesh

1980   1990   2000   2010   August 2017

Highest level of education in household

34%

no formal education | some primary school | completed primary or higher

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[1] 2019 Joint Response Plan for Rohingya Humanitarian Crisis
[2] Kutapalong Registered Camp (in Ukhiya Upazila) was not included in the sampling frame due to access restrictions.

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HEAD OF HOUSEHOLD[3] PROFILE

74% male
26% female

93% married
1% single
1% separated/divorced
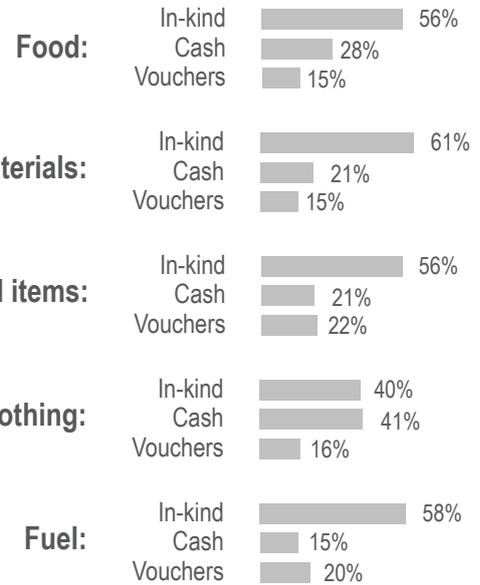**4%** widowed

7% with a disability[4]
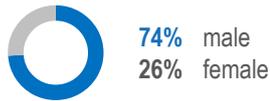
COMMUNITY PERCEPTIONS AND PRIORITIES

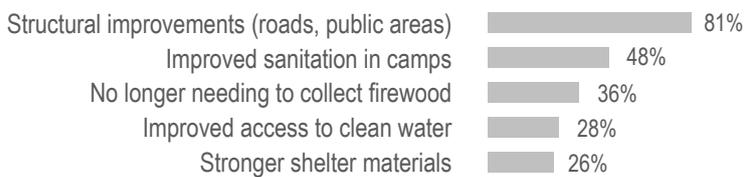Top 5 household-ranked priority needs by their average weighted score,[5] by gender of respondent
A higher value indicates that respondents prioritised this intervention above others. Maximum value of 3.

		Female	Male
1 -	Access to food	1.1	1.56
2 -	Shelter materials/upgrade	1.16	1.11
3 -	Electricity (solar, battery)	0.69	0.56
4 -	Clean drinking water	0.43	0.24
5 -	Fuel	0.35	0.29

% of households reporting aspects that are going well with the aid and services they have received in the past 6 months[7]:

Structural improvements (roads, public areas)	81%
Improved sanitation in camps	48%
No longer needing to collect firewood	36%
Improved access to clean water	28%
Stronger shelter materials	26%

Preferred aid modalities[6]

Food:
In-kind 56%
Cash 28%
Vouchers 15%

Shelter materials:
In-kind 61%
Cash 21%
Vouchers 15%

Household items:
In-kind 56%
Cash 21%
Vouchers 22%

Clothing:
In-kind 40%
Cash 41%
Vouchers 16%

Fuel:
In-kind 58%
Cash 15%
Vouchers 20%

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

Food aid 18%
Blanket 3%
Hygiene items 3%

COMMUNICATIONS WITH COMMUNITIES

51% of households reported knowing where to find an InfoHub

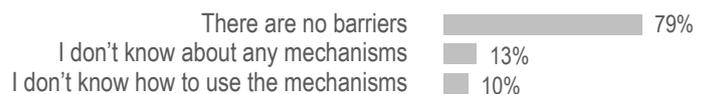**54%** of households reported being consulted in the past 6 months about the type of aid or support needed

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

% of households reporting mechanisms they are aware of[8]

Speak with majhi	94%
Speak with government or military	50%
Speak with NGO staff	40%

% of households reporting on key messaging:

Did you receive the message?

87%	Cyclone preparedness	
50%	Landslide risk	
52%	Fire safety	

If received, was the messaging clear?

99%
98%
99%

% of households reporting potential barriers if they wanted to provide feedback about assistance[7]

There are no barriers	79%
I don't know about any mechanisms	13%
I don't know how to use the mechanisms	10%

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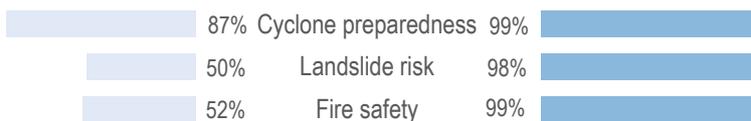
[3] Self-reported by respondent, defined as the individual who makes decisions on behalf of the household. Following J-MSNA data collection, qualitative group discussions with male and female Rohingyas indicated that the designation of "head of household" may be associated with the introduction of registration cards. Participants explained that the primary holder of the card was often considered the head of household even if that individual would not otherwise be considered as such. Participants also reported that the registration cards often listed a family member who was more likely to be contactable at home (often a female member) even if they were not considered to be the main decision-maker.
[4] The Washington Group Short Set of Disability questions were asked to each respondent regarding the head of household. Findings shown are calculated using the "Disability-3" categorisation.
[5] Priority ranking scores are calculated using the Borda count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position in which each respondent ranks it. Aggregated ranking scores are then divided by the total sample size, providing a score out of a maximum of 3.
[6] Households' preference for modalities to meet each specific need was asked only if households identified it as a priority. Sample sizes are as follows: food (n = 457), shelter (n = 479), household items (n = 218), clothing (n = 153), fuel (n = 140).
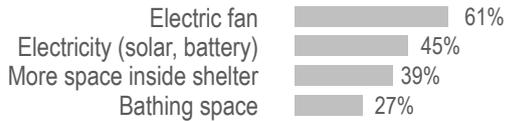[7] Respondents could cite a maximum of 3 options.
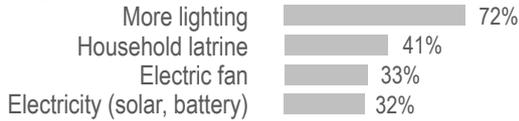[8] Respondents could select as many mechanisms as applicable.

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SHELTER, NON-FOOD ITEMS, AND SITE MANAGEMENT

% of households reporting priority improvements needed for their current shelter[9]

during the day:
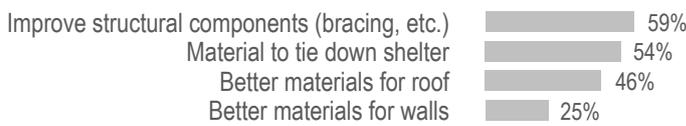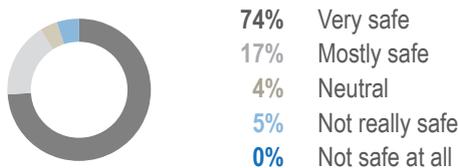
Electric fan	61%
Electricity (solar, battery)	45%
More space inside shelter	39%
Bathing space	27%

during the night:

More lighting	72%
Household latrine	41%
Electric fan	33%
Electricity (solar, battery)	32%

during heavy rain and wind:

Improve structural components (bracing, etc.)	59%
Material to tie down shelter	54%
Better materials for roof	46%
Better materials for walls	25%

% of households reporting feelings of safety in their shelter:

74%	Very safe
17%	Mostly safe
4%	Neutral
5%	Not really safe
0%	Not safe at all

% of households reportedly in possession of:

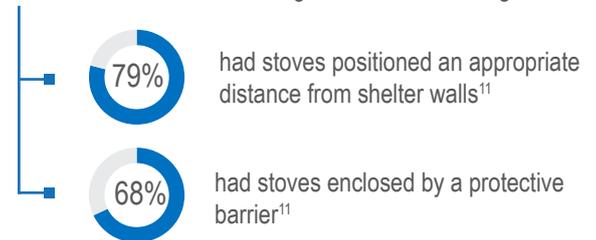| 45%	49%	17%	81%	80%
2+ lights	at least 1 blanket per person	at least 1 floor mat per person	at least 2 outfits per person	1+ stove

51% of households reported facing challenges preparing or serving food in the week prior to data collection due to a lack of kitchen items (pot, cooking or serving utensils)

75% of households reported using exclusively liquid propane gas (LPG) for cooking in the week prior to data collection.[10] Among all households using LPG:

79% had stoves positioned an appropriate distance from shelter walls[11]

68% had stoves enclosed by a protective barrier[11]

70% of households reported *not enough* light at night for household members to safely access latrines
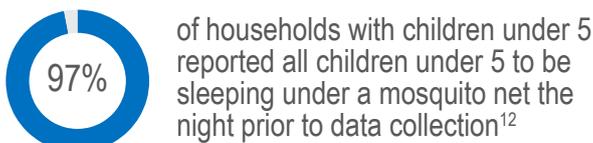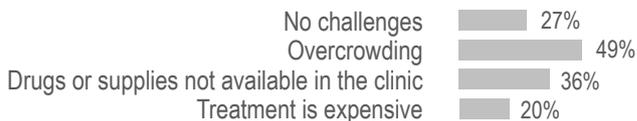
HEALTH AND NUTRITION

39% of individuals were reported as having an illness serious enough to seek medical treatment in the month prior to data collection (self-reported). Among these individuals:

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

NGO clinic	74%
Private clinic	30%
Pharmacy in the market	16%

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

No challenges	27%
Overcrowding	49%
Drugs or supplies not available in the clinic	36%
Treatment is expensive	20%

97% of households with children under 5 reported all children under 5 to be sleeping under a mosquito net the night prior to data collection[12]
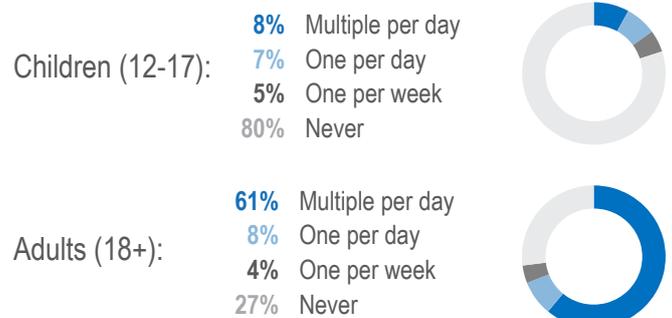
Among the 69% of households with a child under 5 years[12], **65%** accessed nutrition services since arriving to the site. Among households who did not access services:

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

No need for nutrition services	59%
Denied services	26%
Don't know where to find such services	7%
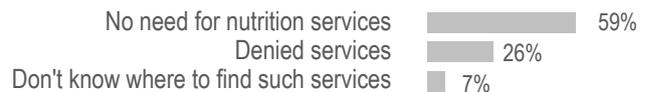
% individuals by frequency of reported betel nut consumption[13] in the week prior to data collection:

Children (12-17):

8%	Multiple per day
7%	One per day
5%	One per week
80%	Never

Adults (18+):

61%	Multiple per day
8%	One per day
4%	One per week
27%	Never

[9] Respondents could select up to three improvements. Top four responses shown.
[10] Among the 227 female-headed households surveyed across the two Upazilas, 65% were reported to be exclusively using LPG for cooking in the week prior to data collection.
[11] Self-reported by respondent. An appropriate distance was estimated by the length of an extended hand, as per Sector guidance.
[12] Sample size of households with at least one child under five years of age: 542.
[13] Betel nut is a commonly-used substance in South(east) Asia and the Pacific. It is often chewed in a mixture of substances such as tobacco, wrapped in leaves and coated with lime. It is considered to be an addictive substance and a risk factor for oral cancer and other noncommunicable diseases.

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LIVELIHOODS AND FOOD SECURITY

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

30% of households reported at least one individual working for a *cash-for-work program*[14] during the 30 days prior to data collection

% of individuals reported to have worked for an income in the month prior to data collection:
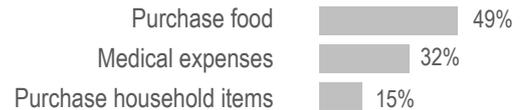
2% — *Adult women*

38% — *Adult men*

2% — *Children (5-17)*
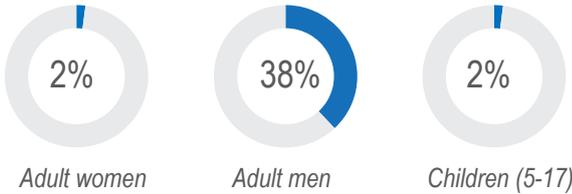
% of households by severity of coping strategy[15] used in the month prior to data collection:

3%	Emergency
61%	Crisis
4%	Stressed
31%	Minimal/None
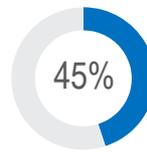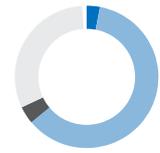
45% of households reported taking on new debts

└─ % reporting primary reasons for new debts:

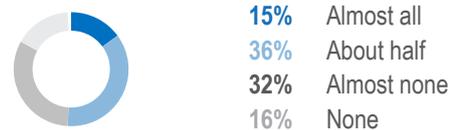|	
Purchase food	49%
Medical expenses	32%
Purchase household items	15%

COMMUNITY DYNAMICS

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

48%	Significant decrease
18%	Slight decrease
19%	No change
10%	Slight increase
5%	Significant increase

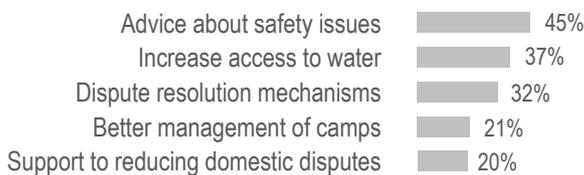% of households reporting changes in the amount of *physical fights* in their block in the past 6 months

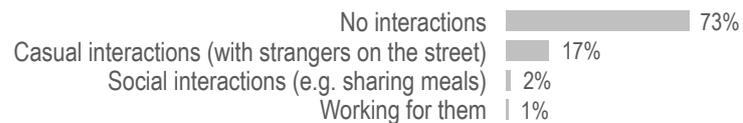|	
53%	Significant decrease
21%	Slight decrease
16%	No change
7%	Slight increase
3%	Significant increase

30% of households reported seeing any physical fights in their block in the past 6 months

% of households reporting suggested interventions to improve relationships between households[16]

Advice about safety issues	45%
Increase access to water	37%
Dispute resolution mechanisms	32%
Better management of camps	21%
Support to reducing domestic disputes	20%

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

15%	Almost all
36%	About half
32%	Almost none
16%	None

% of households reporting different relationships with host community

4%	Very good
20%	Good
75%	No relationship
1%	Bad
0%	Very bad

% of households reporting different interactions with the host community in the month preceding data collection[17]

No interactions	73%
Casual interactions (with strangers on the street)	17%
Social interactions (e.g. sharing meals)	2%
Working for them	1%

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

31%	Every day
43%	About once a week
25%	About once a month

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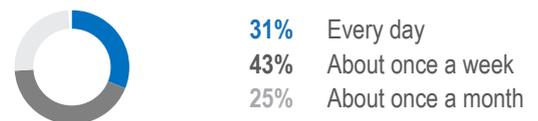
[14] Respondents were asked whether household members worked for an income paid for by the United Nations or an NGO program.
[15] The coping strategies were categorised as follows, with the percentage of households overall reporting to have used each coping strategy in parentheses:
    Emergency: 1. Children (under 15 years old) are working to contribute to household income; 2. Children (15-17) are working long hours (>43 hours) or work in hazardous conditions (1%); 3. Marriage of children under 18 (1%); 4. Begging (2%);
    Crisis: 1. Buying food on credit (53%); 2. Taking on new debts (45%); 3. Adults (18+) are working long-hours (>43 hours) or in hazardous conditions (3%)
    Stressed: 1. Selling household goods (6%); 2. Selling jewelry/gold (6%); 3. Spending savings (15%); 4. Collecting firewood for selling (1%)
[16] Respondents could cite a maximum of 3 options.
[17] Respondents could select as many interactions as applied.