



Rohingya EMERGENCY VULNERABILITY ASSESSMENT (REVA)



BANGLADESH
FOOD SECURITY SECTOR
Strengthening Humanitarian Response



vam
food security analysis

Data collection supported by:



Objectives of REVA

1. Assess the severity of food insecurity and other basic needs of the displaced Rohingya and host communities
2. Profile the food insecure and most vulnerable groups
3. Provide recommendations to address priority needs and guide targeting
4. Inform the setup of a food security and nutrition monitoring system
5. Inform the Minimum Expenditure Basket



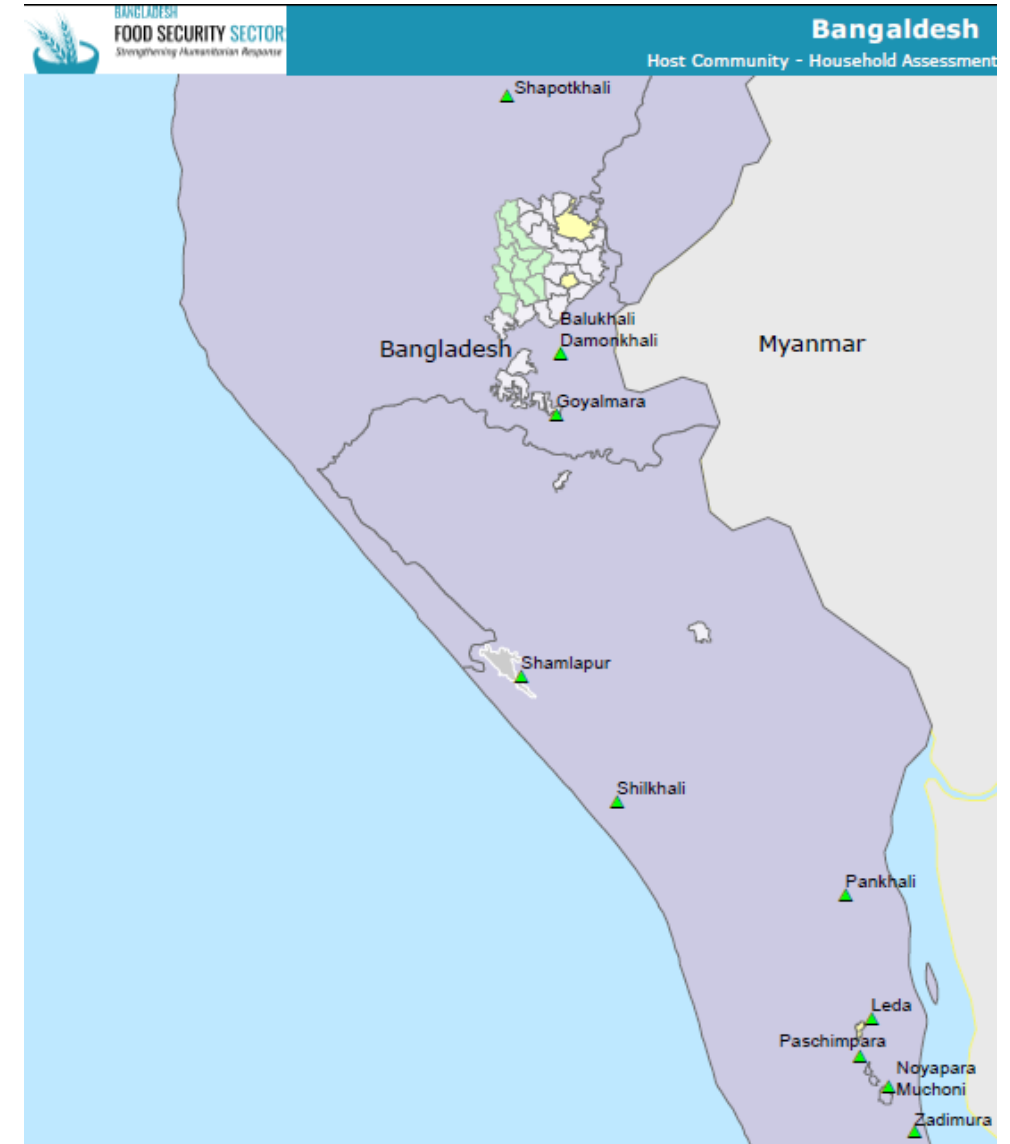
Coverage: arrival profile

Displaced Rohingya	
New arrivals in settlements/camps	576
New arrivals in host communities	353
Arrivals Oct'16 to 24 Aug'17	191
Older unregistered (prior to Oct'16)	260
Older registered	234
Total displaced	1,614
Local population	
Host community Ukhia	214
Host community Teknaf	218
Total host	432
Total sample	2,046



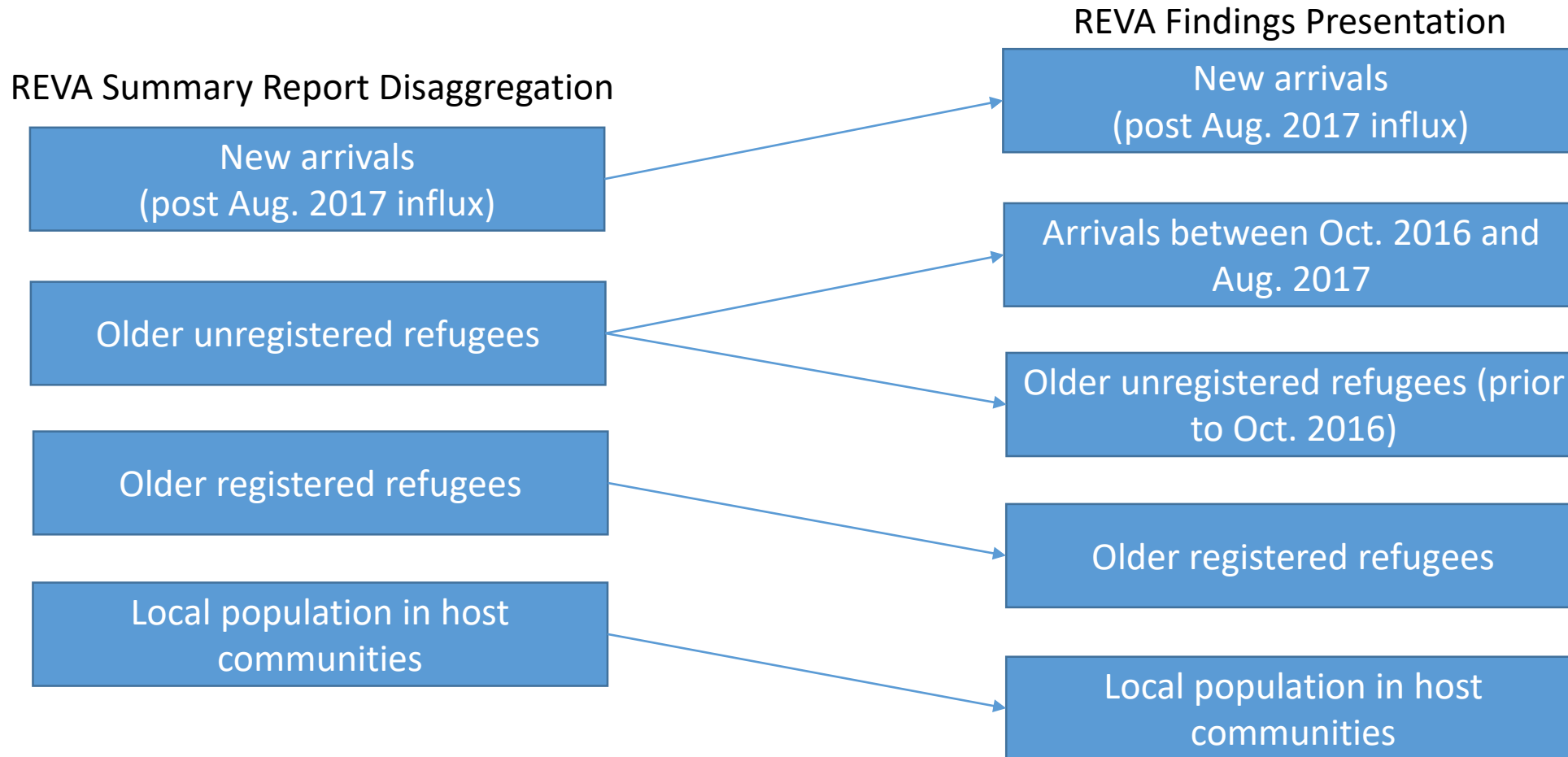
Coverage: geographic location

Displaced Rohingya	
Refugee camps	311
Makeship camps	479
Kutupalong Expansion	224
New Settlements	247
Host communities (coastal)	221
Host communities (other)	132
Total displaced	1,614
Local population	
Host community Ukhia	214
Host community Teknaf	218
Total host	432
Total sample	2,046



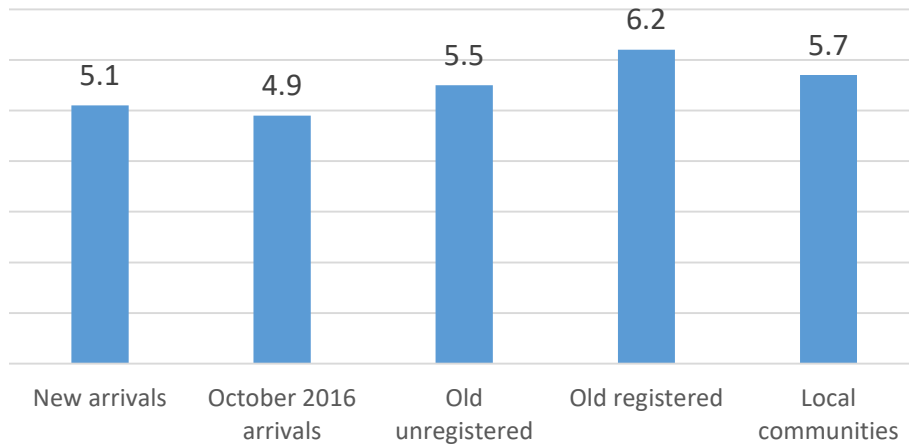
Disaggregation of Refugee Population

For the sake of further analysis, in the presentation, we have disaggregated older non-registered refugees into two groups:
1) who arrived before Oct. 2016 2) who arrived between Oct. 2016 and Aug. 2017

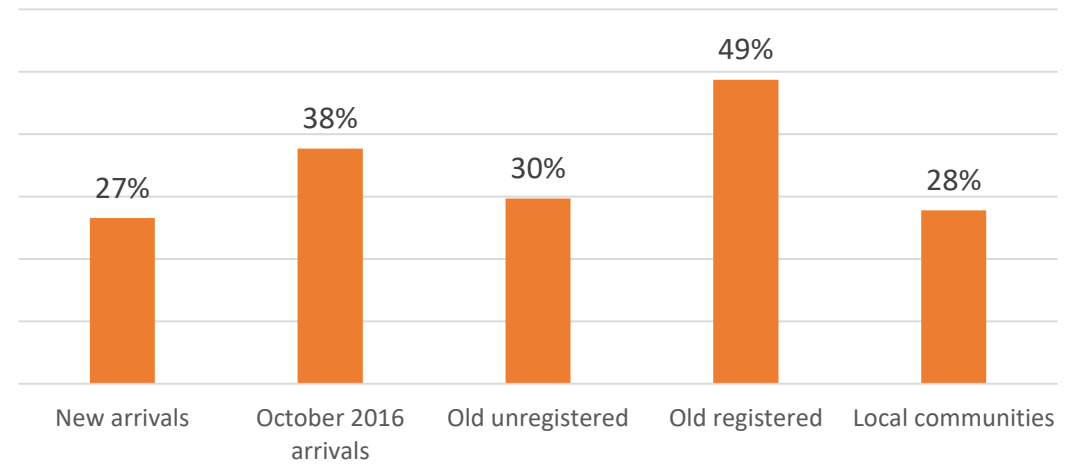


Basic HH demographics

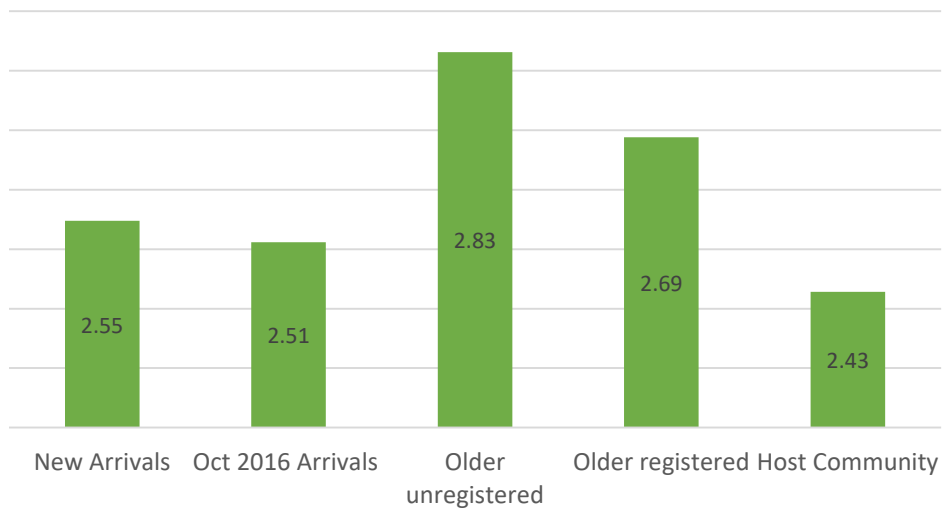
Average HH size



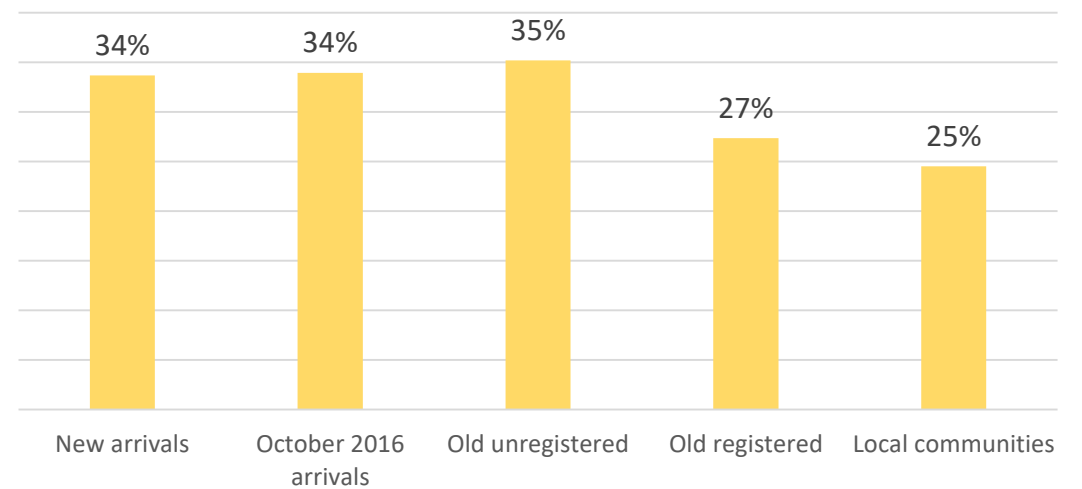
Female headed (%)



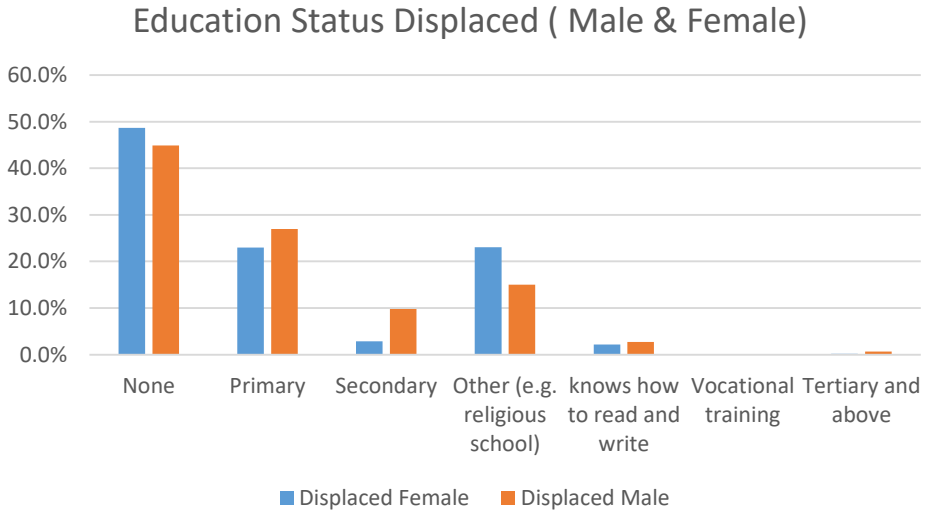
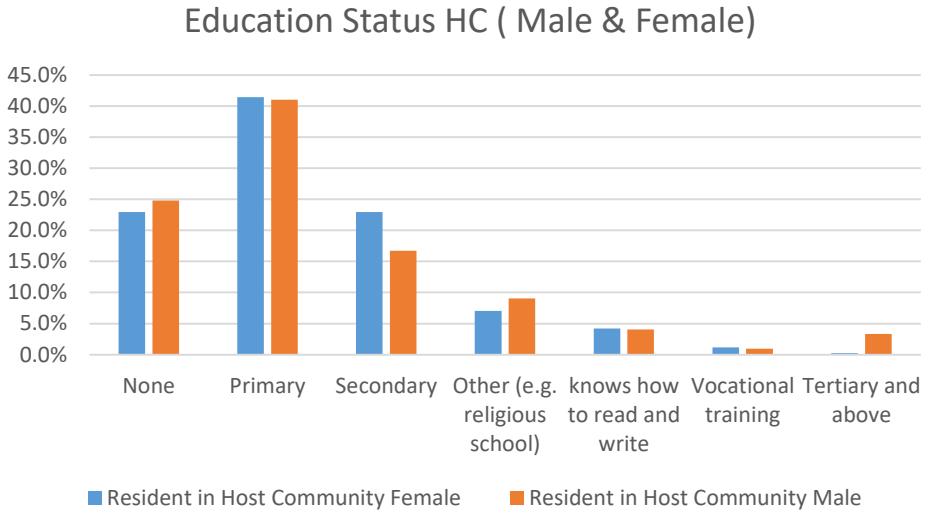
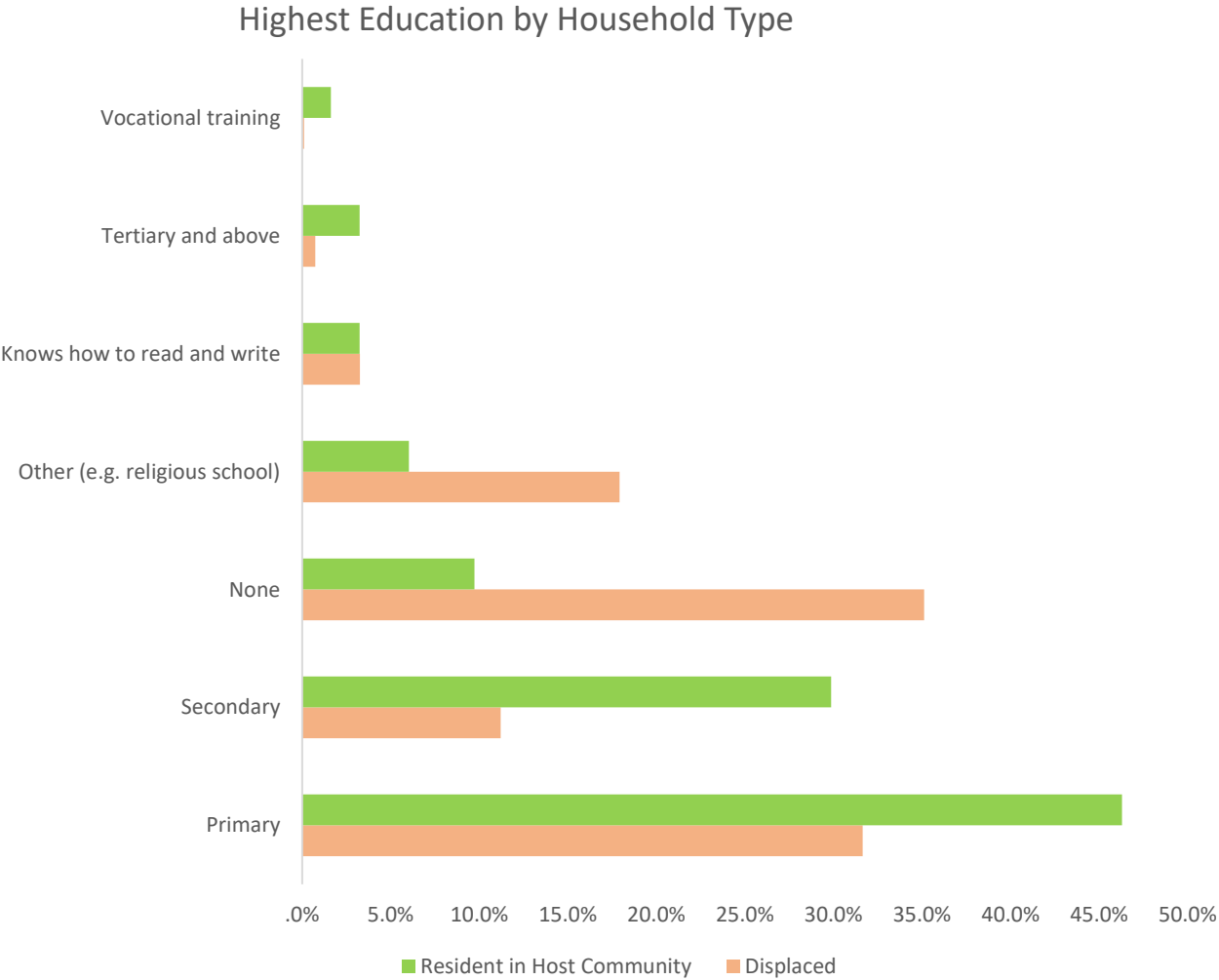
Avg. number of children 0-15 per household



% of HH with PLW

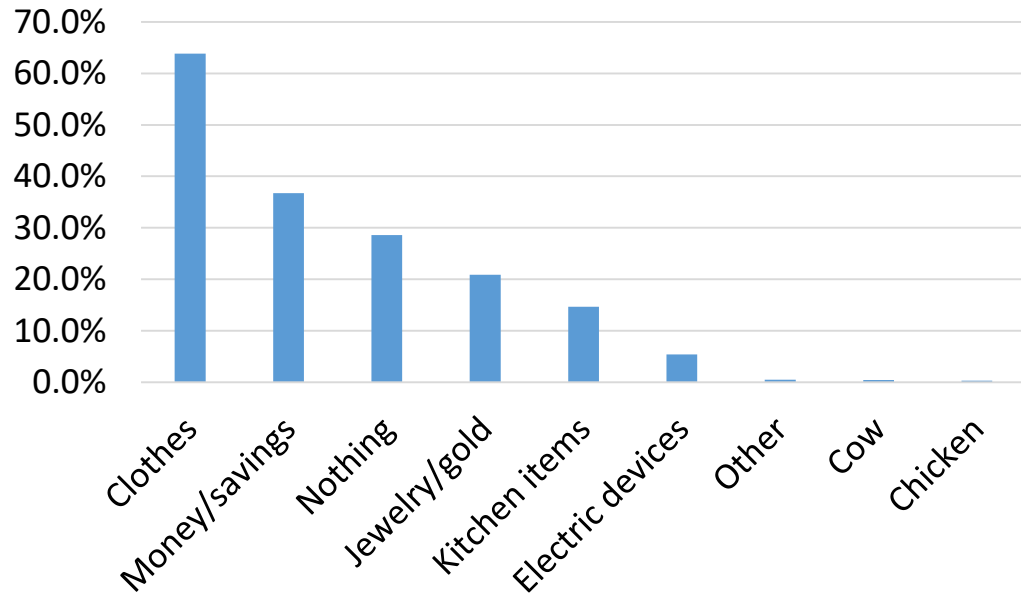


Basic HH demographics – education

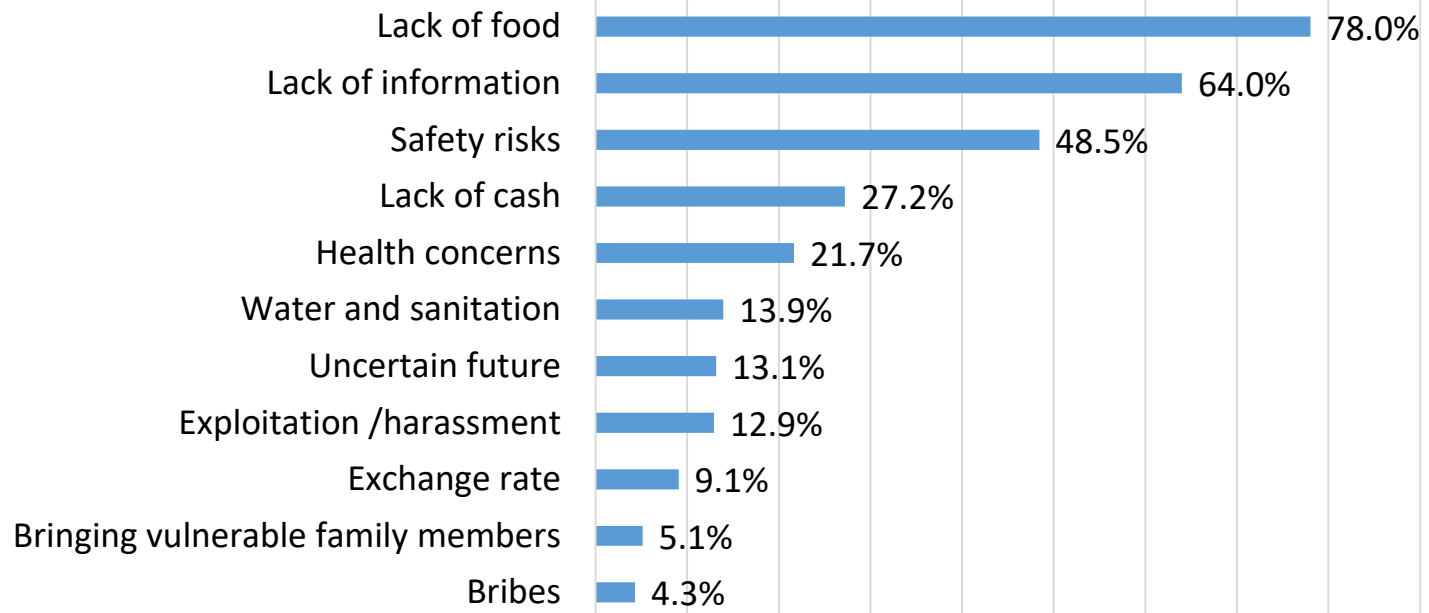


Arrival information

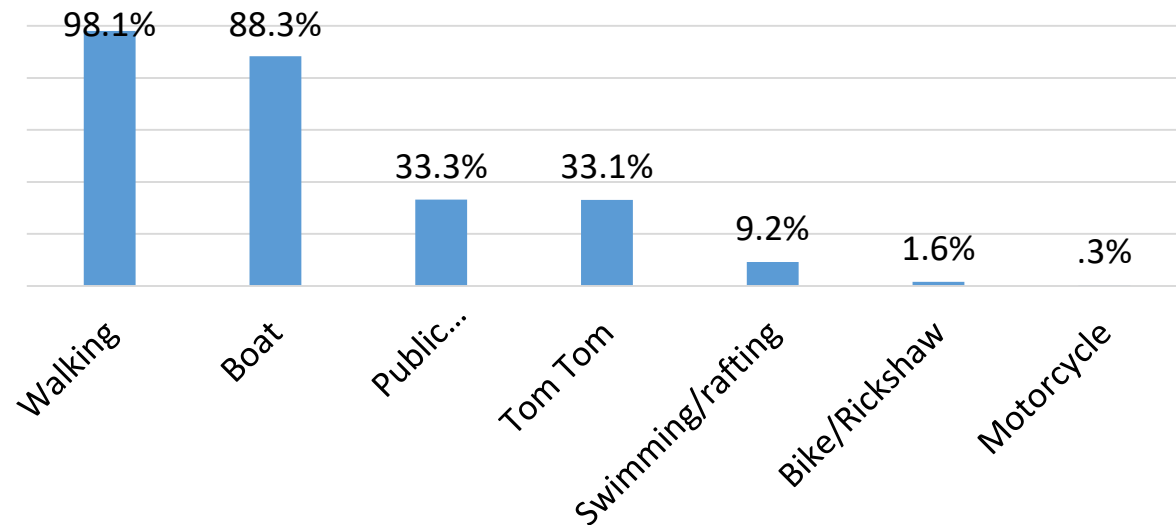
What the displaced were able to bring



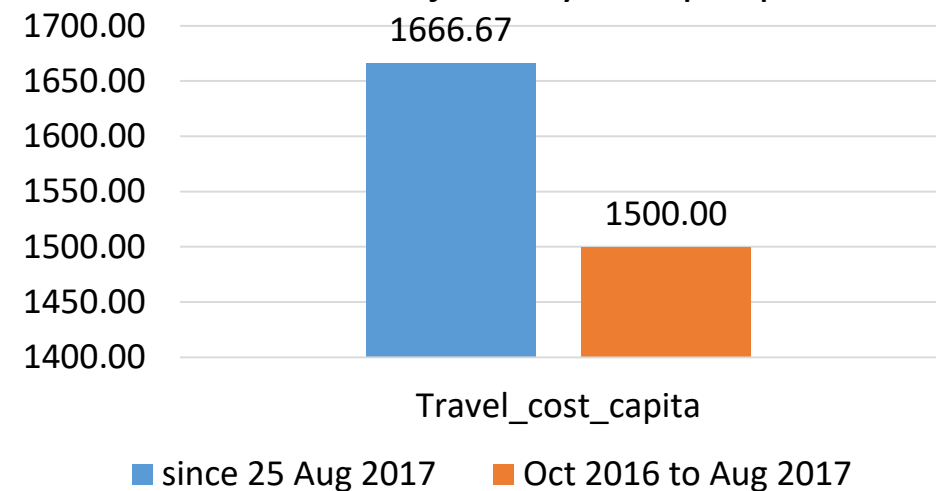
Concerns during the journey



Means of the journey (multiple)



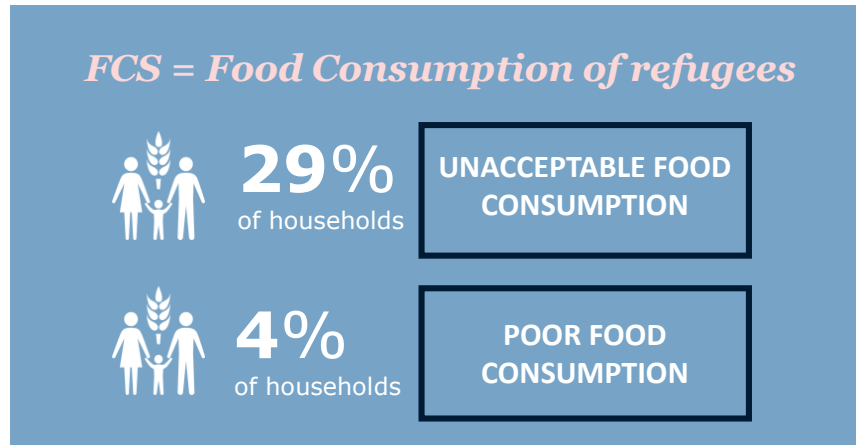
Median journey cost per person



Food security & vulnerability results

1. Food consumption
2. Socio-economic vulnerability
3. Food insecurity – overall vulnerability
4. Initial profiling of the most vulnerable
5. Coping strategies
6. Income sources
7. Expenditures
8. Nutrition
9. Protection
10. WASH
11. Health
12. Education
13. Main constraints
14. Conclusions
15. *In the words of respondents*

1. Food consumption – general picture



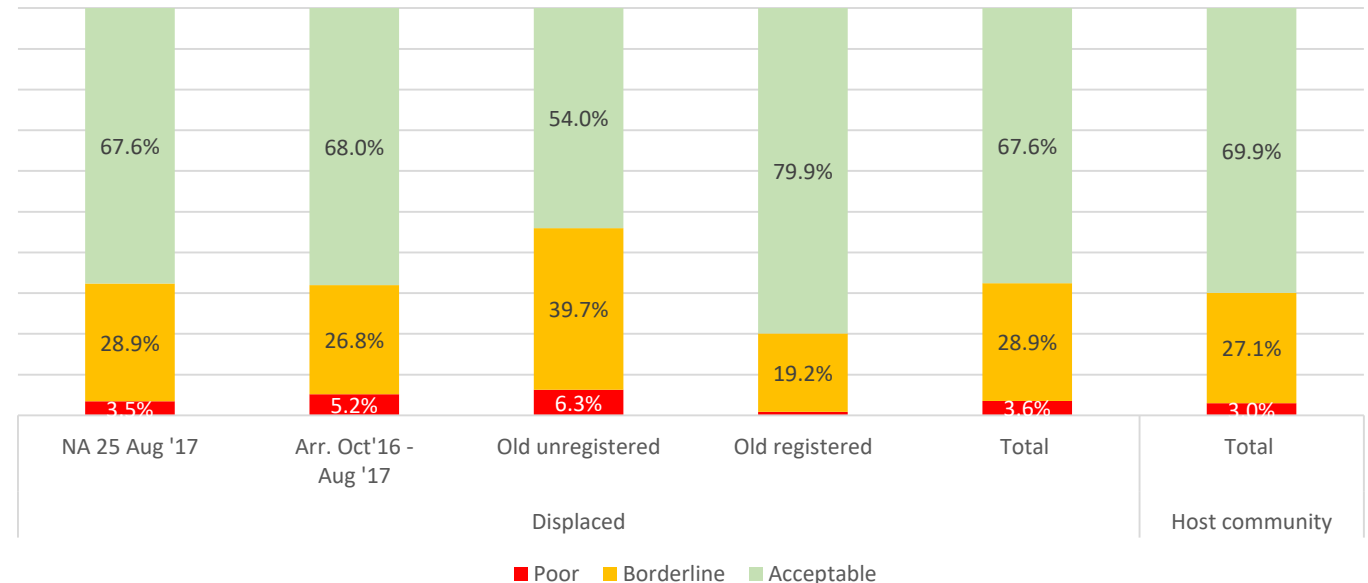
Host communities

- One third within HCs does not have access to an acceptable diet
- Food consumption outcomes not significantly better off compared to refugees
- HCs' Female headed households have higher rates of unacceptable food consumption (38% vs 27%)

Refugees

- The old registered are the best off group mainly due to WFP's voucher programme (2,100 Kcal/day, per HH member)
- Food assistance plays a large role in improving food consumption: 96% of new arrivals have received food assistance
- No significant difference based on sex of HH head, except for old unregistered (+10% unacceptable among female-headed HH*)

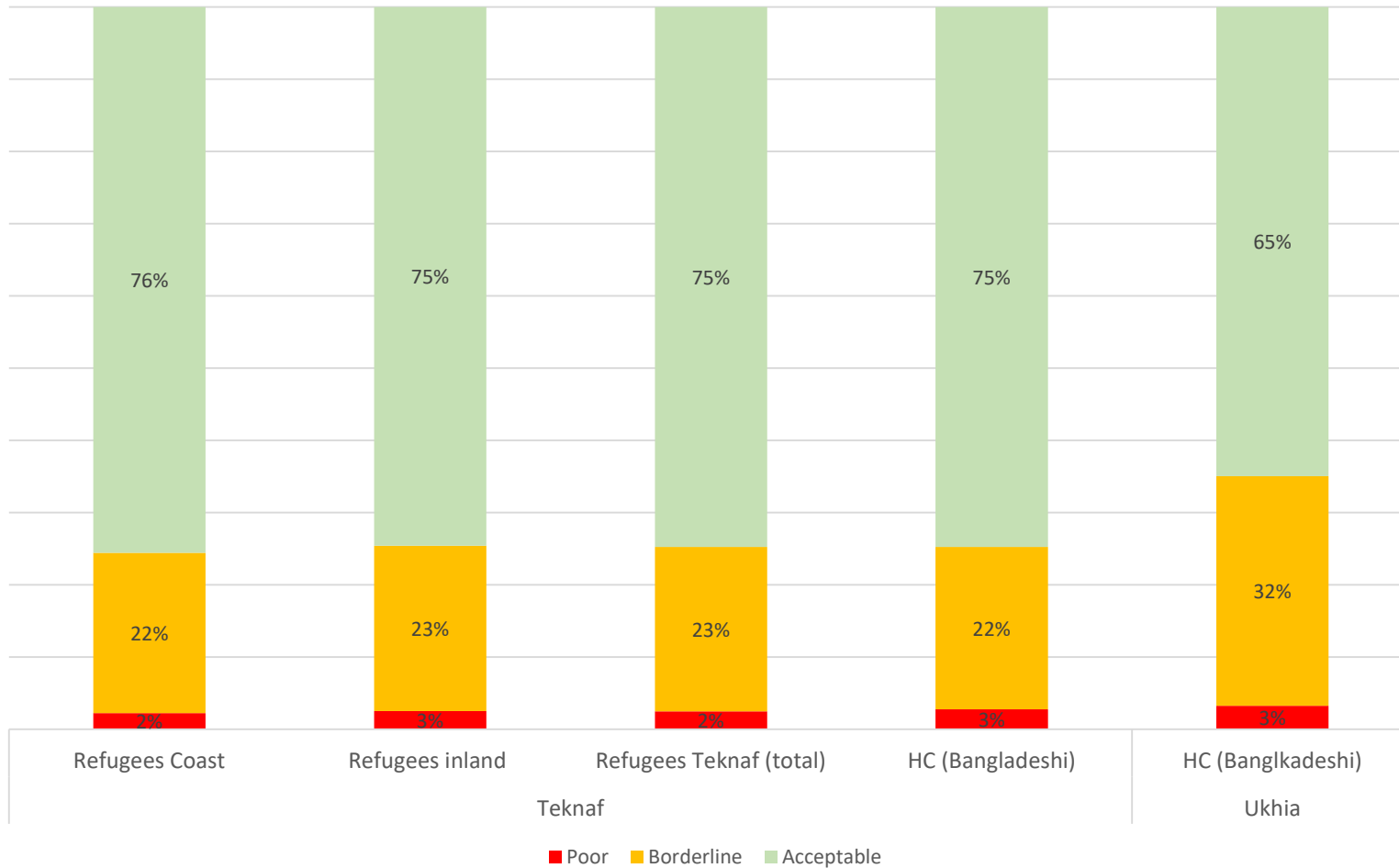
Food consumption categories - time of arrival/HC



One in three refugees households do not have access to an acceptable diet. Similar situation observed among host communities.

Food consumption - Host communities/displaced

Food consumption groups of local communities and refugees in HC



Teknaf (refugees and Host community)

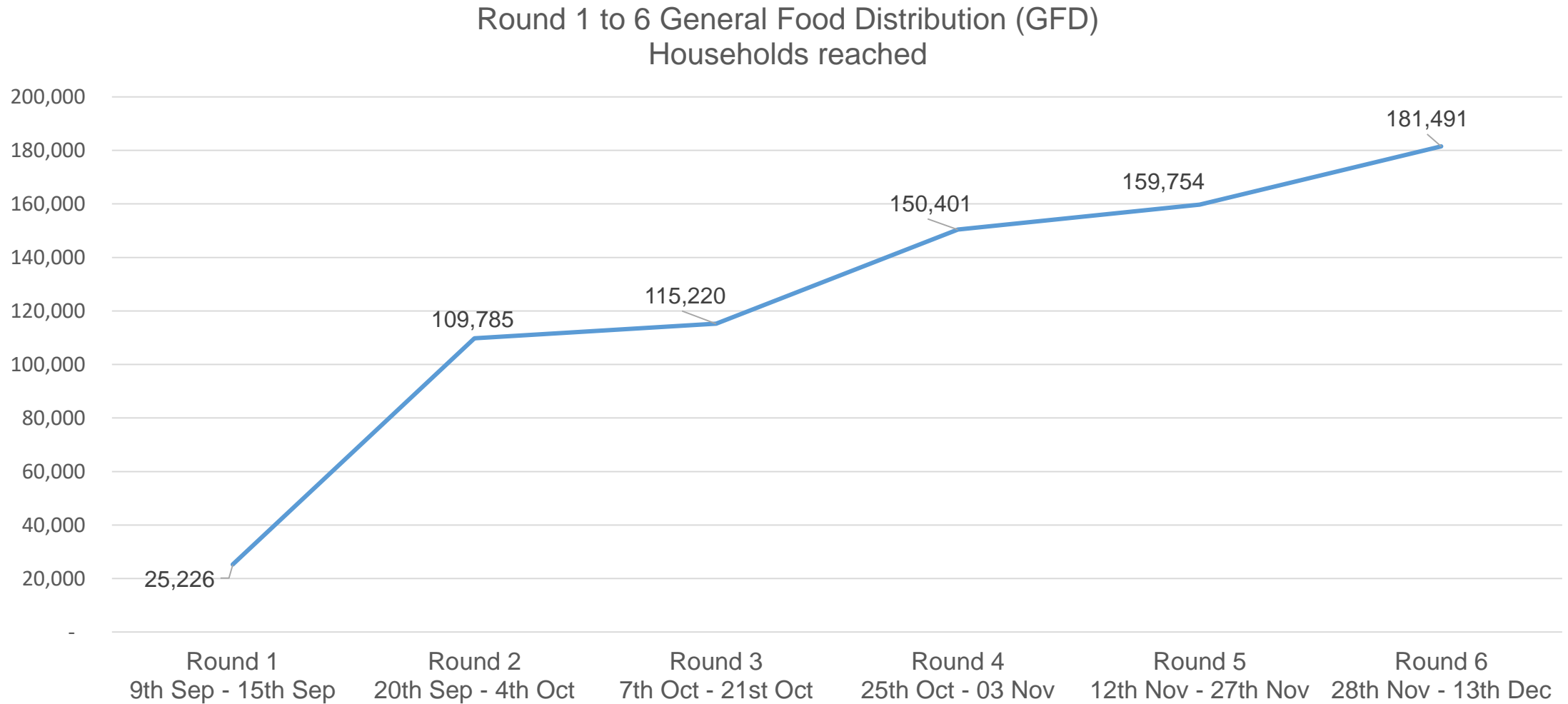
- 25% refugee HHs and host communities have unacceptable food consumption.
- Fishing correlated to acceptable FCS
 - ✓ 21% of refugees in the coast practice fishing (82% of them have acceptable FCS*);
 - ✓ 43% of HC in same areas practice fishing (72% acceptable FCS*).

Ukhia (Host Community only)

- 35% of HHs have poor/borderline diet.

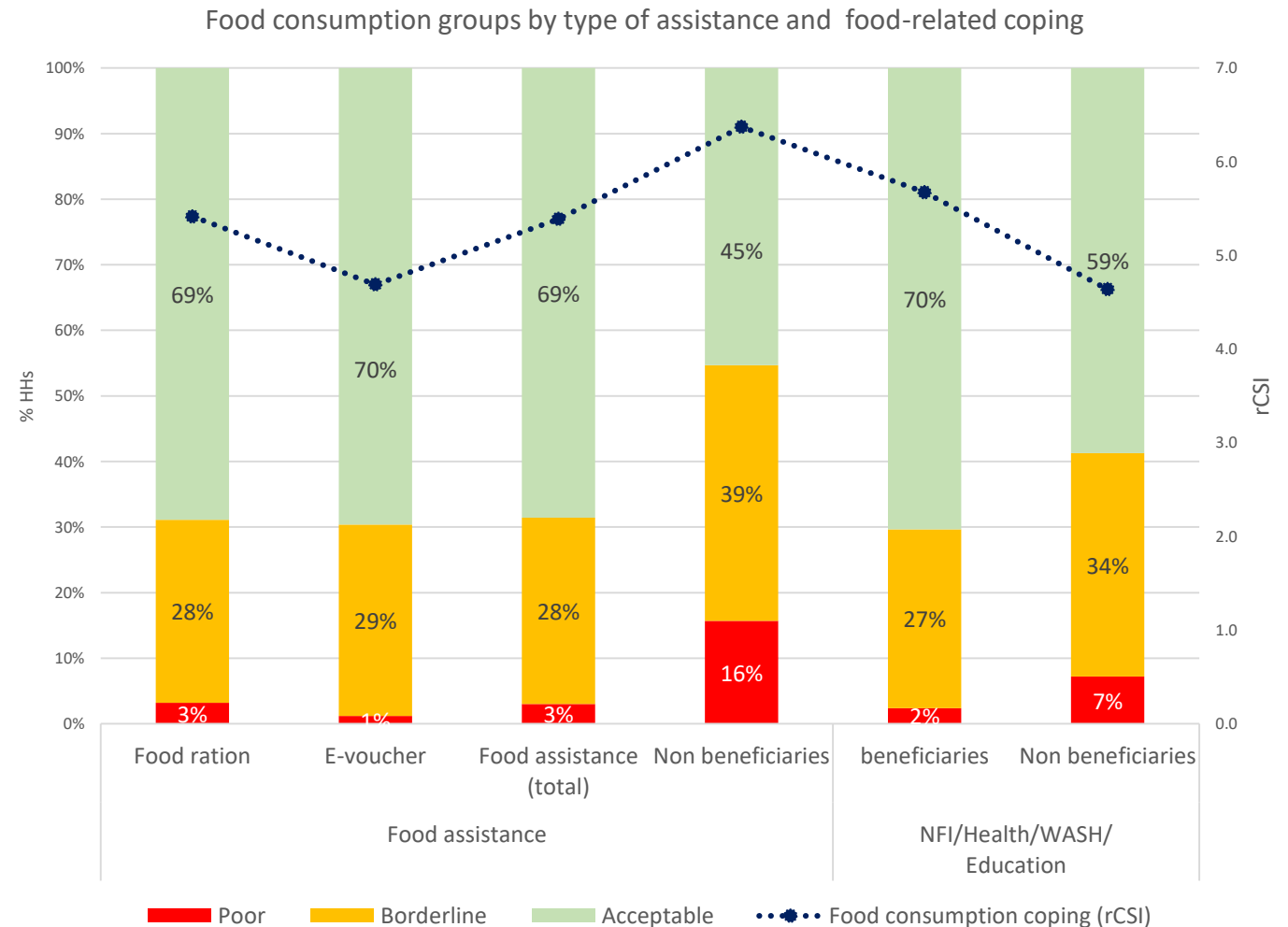
Host communities in Ukhia have a significantly lower access to food than those in Teknaf.

Food assistance: GFD coverage – round 1 to 6



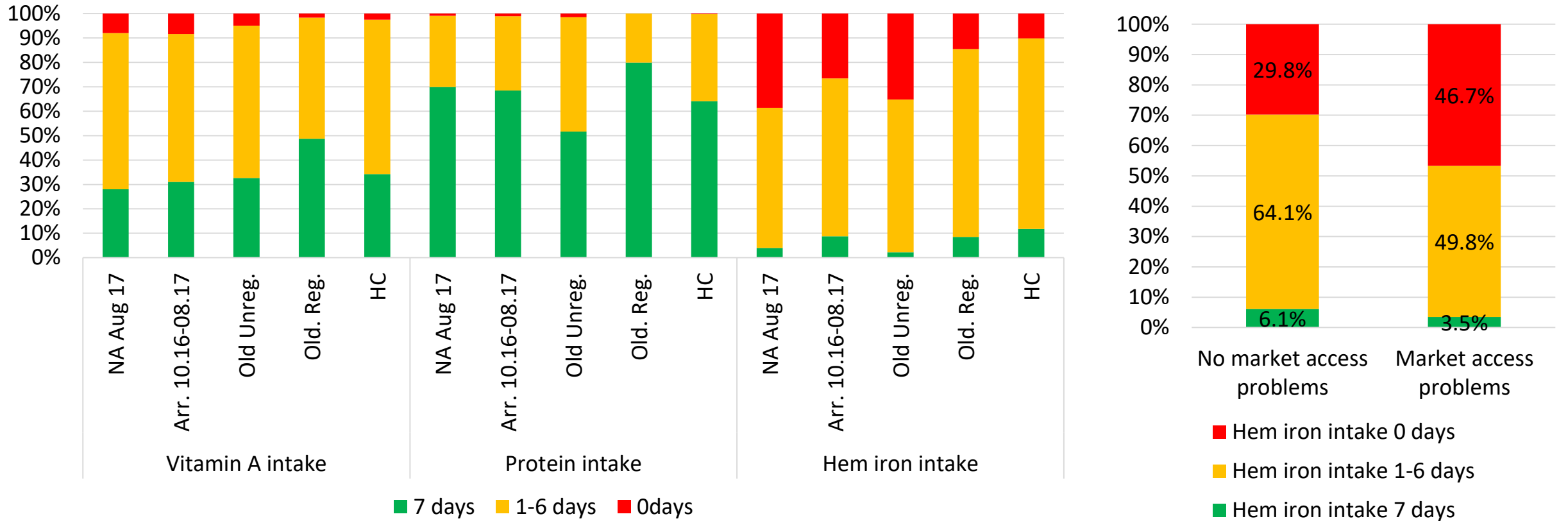
Food consumption and humanitarian assistance

- The use of **e-vouchers** enhances access to more diversified and nutritious food and limits poor FCS.
- **Dietary diversity** is low for both refugees and HCs (3.7 and 3.8 food groups per day, respectively).
- Homogeneous **intra-HH food distribution**, BUT 1 in 4 women 15-49 yrs old access minimally diversified diet (1 in 3 within HC).
- Food assistance reduces adoption of **coping strategies**: 73% of non-beneficiaries adopted at least one CS vs 68% of beneficiaries.
- **Food assistance** covers 93% of female-headed HHs assisted vs 90% of male-headed, which partly justifies limited difference of unacceptable FCS between the two groups.
- Distribution of **NFIs, cooking fuel, SAM treatment** is associated to acceptable FCS



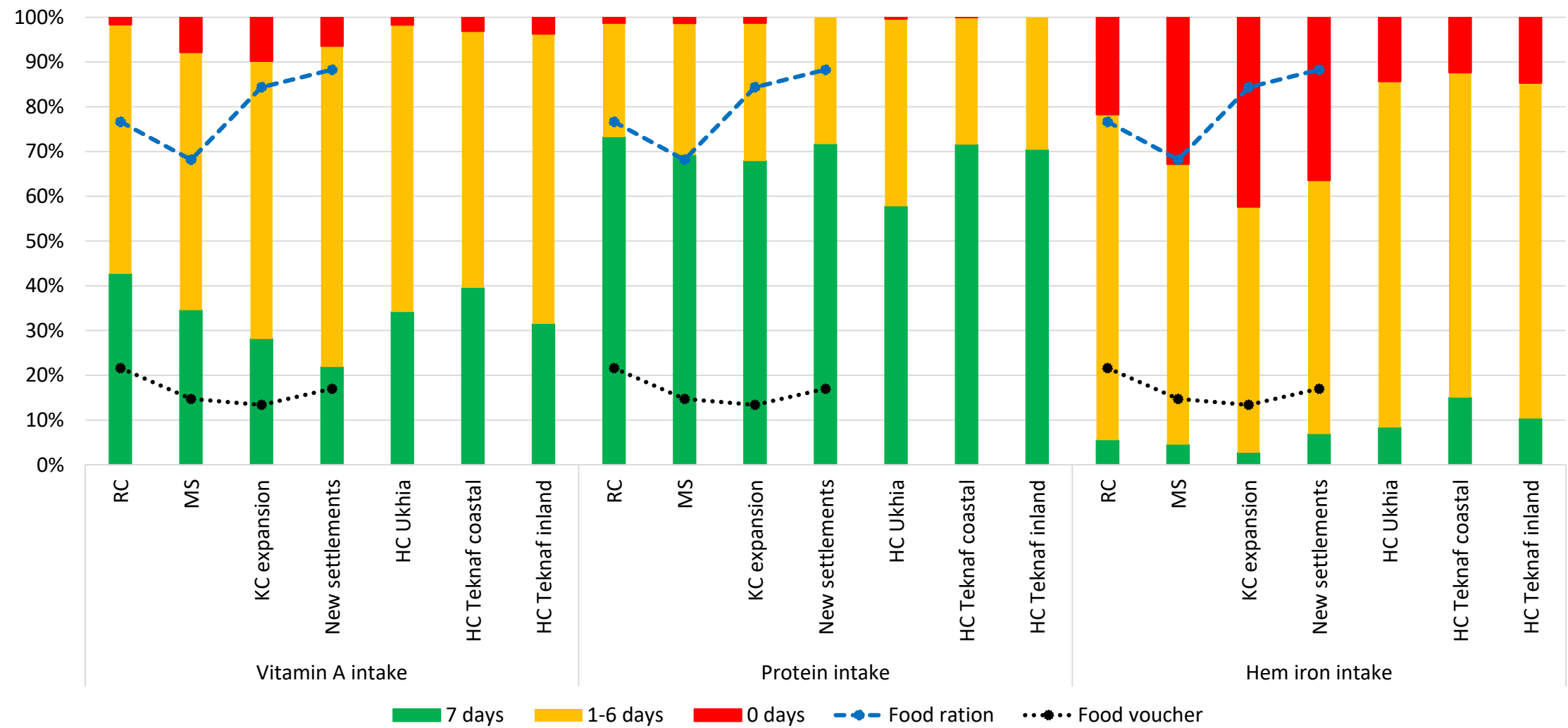
Great impact of food assistance: \cong **70% of food beneficiaries** access an acceptable diet vs **45% of non-beneficiaries**.

Food consumption - Access to key micro/macro-nutrients



- Registered refugees have the highest intake of Vitamin A and Protein
- Higher proportion of unregistered refugees are not eating protein and Hem iron and are thus at higher risk of undernutrition and micronutrient deficiencies.
- Lack of market access leads to the lack of Hem iron consumption. New arrivals and old unregistered reported highest cases of market access restrictions.
- GFD/voucher had the highest impact on improving protein consumption among other FCS-N groups.

Food consumption - Access to nutrients and type of assistance

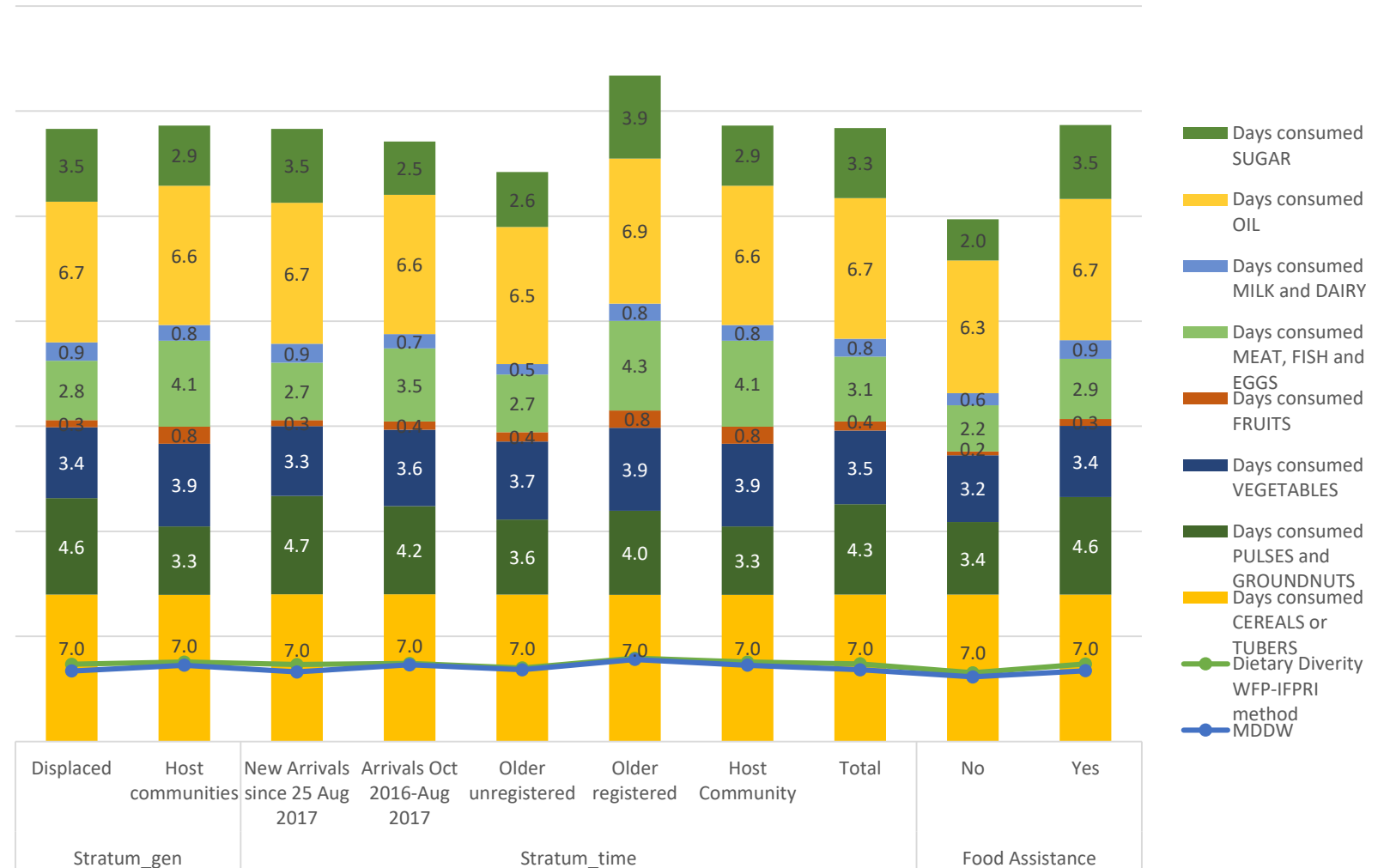


Presence of food voucher increases the access to micro nutrients in the RC, MS and new settlements

Food consumption – dietary diversity

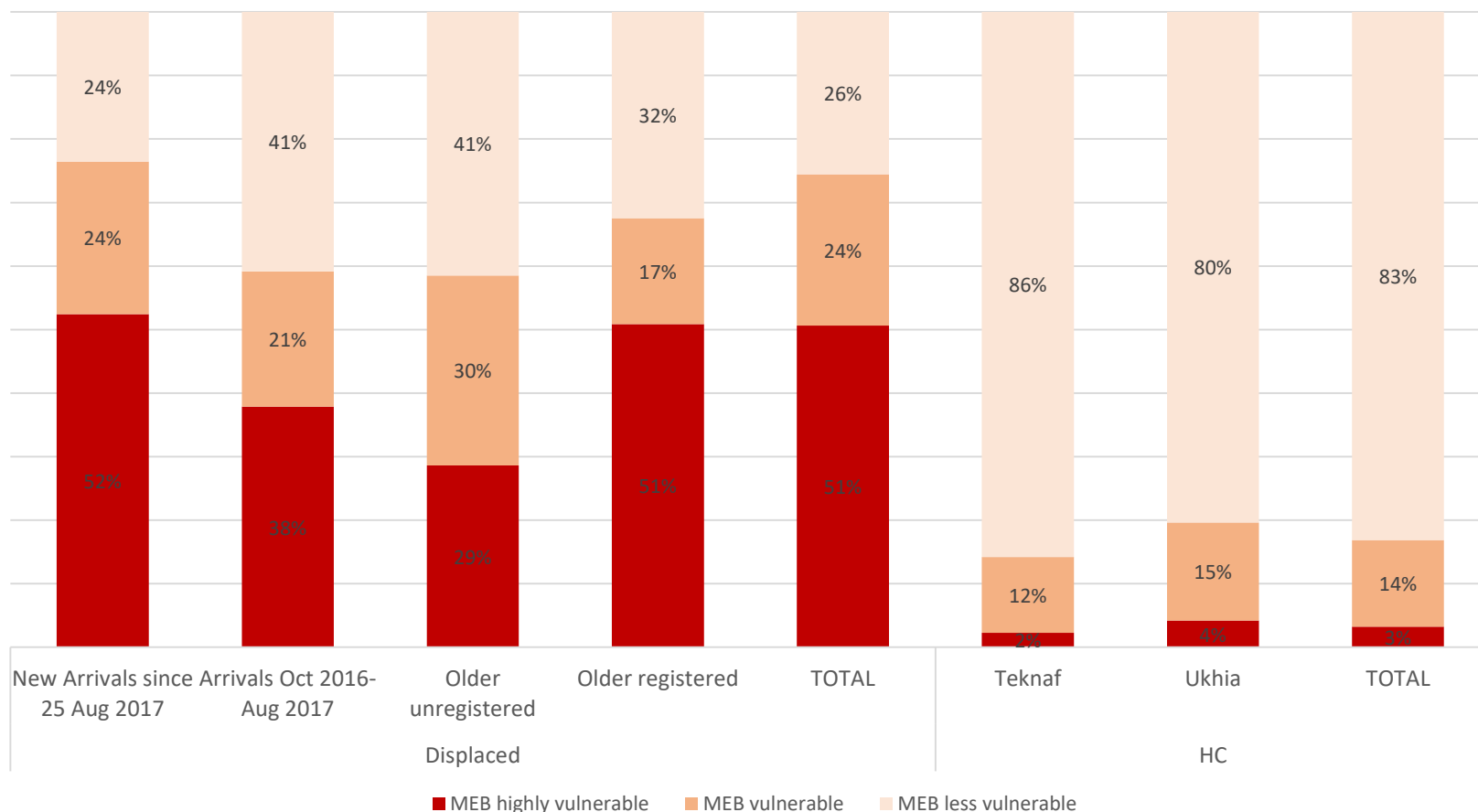
- Similar avg dietary diversity observed among displaced and HC (3.7 vs 3.8 food groups consumed per week, respectively);
- This level of HDDS does not reach the minimum acceptable standard levels.
- Women's dietary diversity (15-49 years) perfectly overlays to HH dietary diversity, reflecting homogeneous intra-HH food distribution & consumption.
- HDDS and mDDW below average for single-headed mothers (3.6 and 3.07, respectively).
- Displaced and HC have similar dietary patterns: staples AND oil consumed on a daily basis; vegetables OR pulses each day; meat, fish or eggs 3 to 4 days/week. Fruits and dairy consumption is negligible.
- Thanks to distributions, displaced people eat more frequently pulses; HCs consume more frequently meat & vegs.
- Beneficiaries of e-vouchers register slightly higher consumption of meat, pulses and sugar, lower of oil.
- No difference on dietary diversity patterns is observed between female and male-head of households, nor along HH size lines.

Average weekly consumption of food groups (HH and women)



2. Economic vulnerability (excluding assistance)

Economic vulnerability by time of arrival of displaced



Refugees

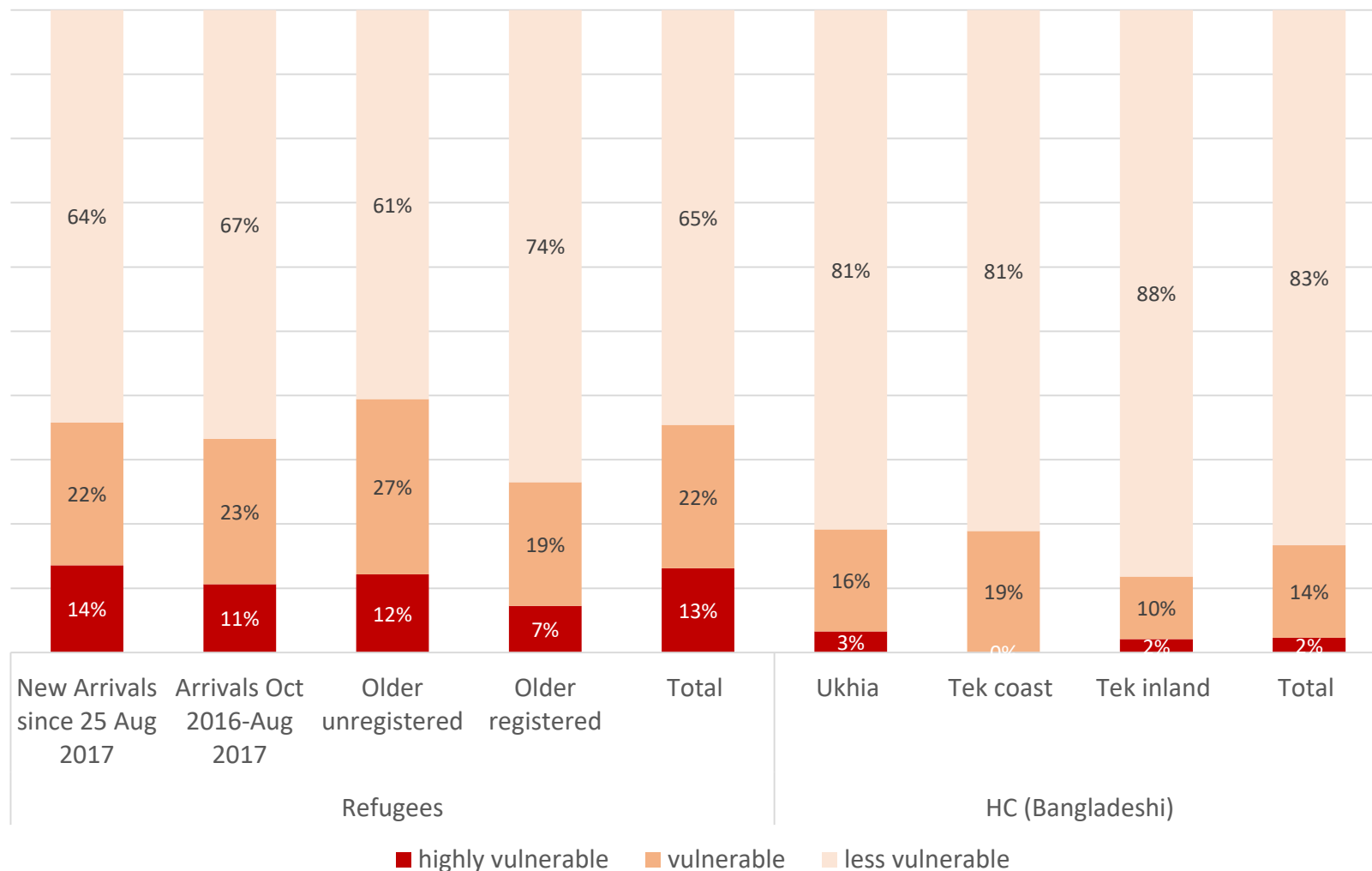
- Similar vulnerability between displaced in camps/sites (75% are vulnerable) and those in HCs (71%).
- Slightly higher prevalence of refugees in Teknaf coastal not meeting the MEB expenditure (71%) compared to those in Teknaf inland (68%).
- No significant difference between HHs with male vs female head.

Host communities

- The situation is extremely different among host communities: over 80% have higher monthly expenditure than MEB.
- Most vulnerable HHs' profile: HH size 4+; Number of children 3+; Presence of PLWs; 2+ dependants per non dependant member.

Over 50% refugees' HHs are extremely poor and 75% are poor vs 17% within host communities.

Economic vulnerability (including assistance)



- Hypothesis: including the estimated value of food assistance/NFI/WASH/Health Education as indirect expenditures
- The proportion of vulnerable & highly vulnerable decreases from 75% to 35% among the refugees, remains the same among HCs.
- Over 9 in 10 refugees did not make any savings in the past 3 months, same for HCs
- Very limited actual expenditures made by refugees.
- Female headed HHs are more depending on food assistance (only),
- Male headed HHs comparatively more vulnerable if we include assistance.

If we include food assistance as indirect expenditures, older unregistered refugees are the most vulnerable.

Economic vulnerability: Minimum Expenditure Basket (methodology)

Options of calculation		Food MEB	MEB	% food in total
1	MPCG	3530	5400	65%
2	REVA1	4300	6169	70%
3	REVA3	4133	6002	69%
4	REVA exp-based	4300	6814	63%
5	WFP e-voucher + MPCG	4210	6079	69%
6	HEA-based MEB	4597	5581	82%
	Average	4154	5846	71%

1. Multi-purpose cash working group –
workshop Dhaka Dec 2016
(HEA/Bangladesh based)

2. REVA1:

- i. Food MEB (exp. Based) = FCS (43-47 & HDDS >4) & Imputed value for food of displaced
- ii. Nfi MEB from MPCG

3. REVA2:

- i. FOOD MEB (exp.based) = (43-47 & HDDS >4) & No Imputed value for food of displaced
- ii. Nfi MEB from MPCG

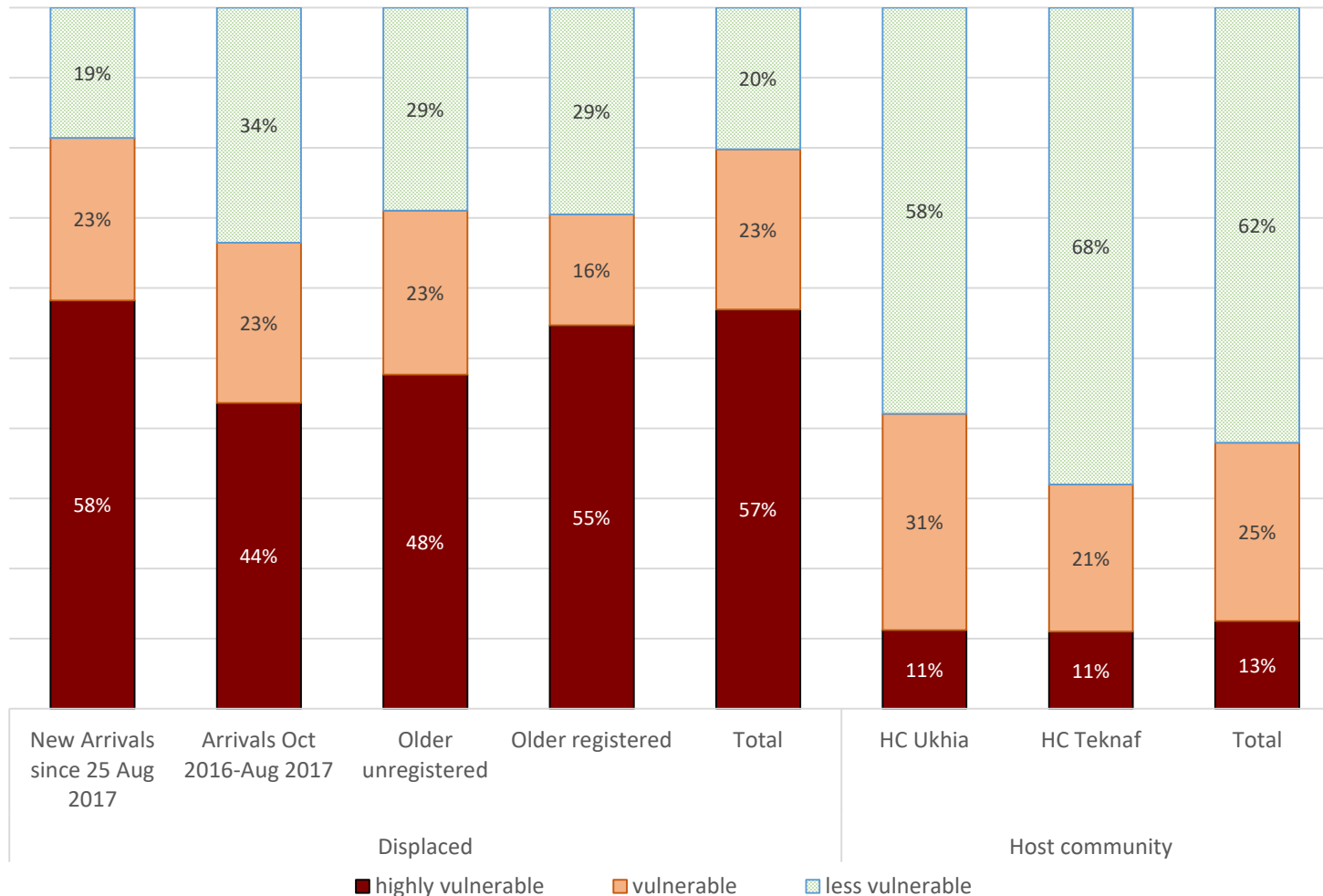
4. REVA (expenditures-based):

- i. Food MEB (exp. Based) = FCS (43-47 & HDDS >4) + Imputed value for food of displaced
- ii. Nfi MEB (exp.based) = expenditures HH non adopting crisi-emergency coping strategies.

5. Best option: Food MEB from e-voucher matrix (NUT VAL, rights-based) & NFI MEB from MPCG

6. HEA-based MEB: Food MEB & NFI MEB based on HEA actualization for Makeshift.

3. Overall vulnerability to food insecurity* – global picture



Displaced:

- 80% vulnerable to food insecurity; 57% highly vulnerable.
- Arrivals since 25th Aug, old unregistered are the most vulnerable.
- Refugees living within HCs are comparatively better off than those in camps/new settlements, especially those living in Teknaf coastal.

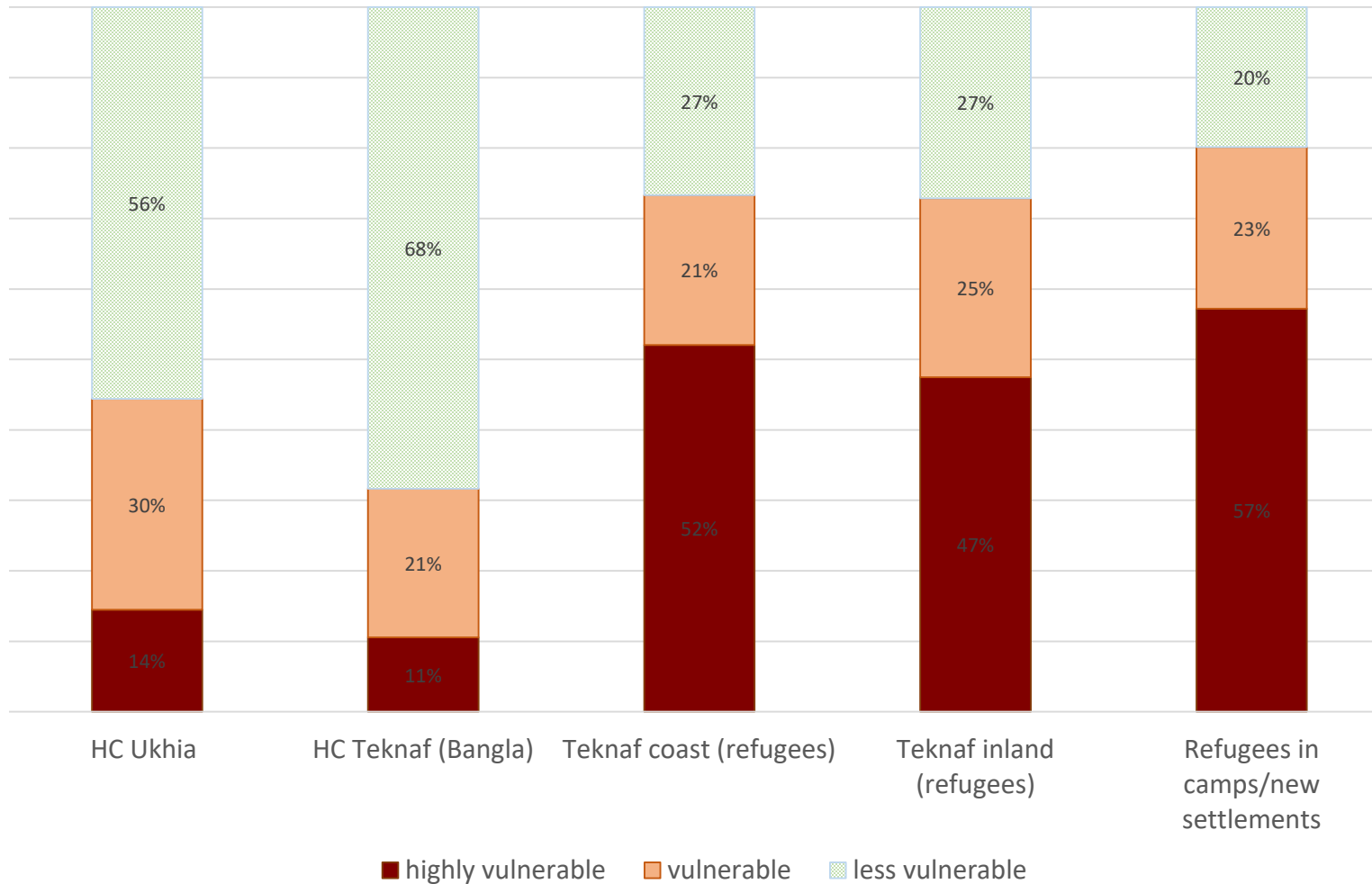
Host communities:

- 38% vulnerable, 13% highly vulnerable.
- Much higher vulnerability in Ukhia as compared to Teknaf.
- Teknaf: higher vulnerability in coastal areas (32% food insecure) compared to inland (28%).
- High level of fishing in Teknaf could partly justify lower vulnerability than in Ukhia.

- High prevalence of vulnerable among refugees; much lower yet relevant among host communities.

*Food security classification is based on a combination of the following parameters: level of expenditures against MEB, FCS

Vulnerability to food security- detail of HCs/refugees in Teknaf/Ukhia














- Comparatively lower vulnerability among refugees in HCs than in camps/new settlements.
- Overall, no major vulnerability difference observed between displaced in Teknaf coast and in the inland.
- High level of fishing in Teknaf could partly justify lower vulnerability than in Ukhia.

Vulnerability to food insecurity – classification methodology

	poor	borderline	acceptable
below food MEB			
between food MEB + proxy MEB			
above proxy MEB			

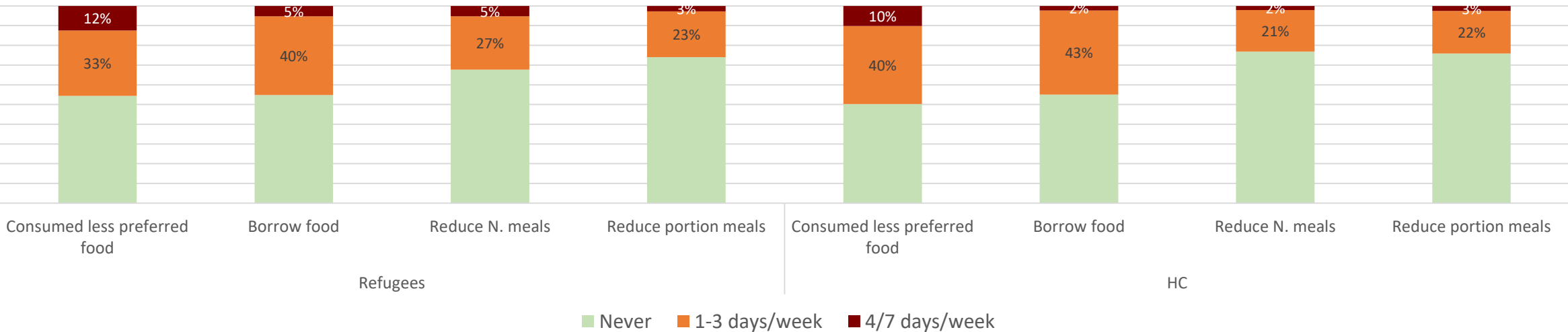
	Highly vulnerable
	Vulnerable
	Less vulnerable

4. Initial profiling of the most vulnerable

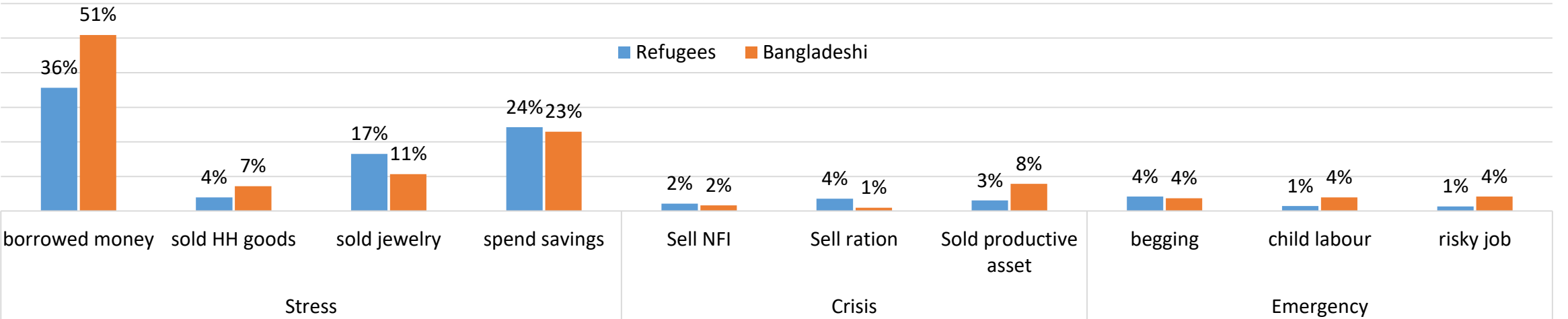
REFUGEES	HOST COMMUNITIES
HH size: 5+ members 	Sex of HH head: Female headed households (*) (significantly correlated with inadequate FC) 
Dependency ratio: 2+ members aged 0-15/60+ yrs old per non-dependant (16-49 yrs old) 	Marital status: separated/divorced (single parent) 
Children: <ul style="list-style-type: none"> • Presence of under 15 yrs old • Number of children: 4+ children 	Presence of disabled/chronically ill 
Presence of Pregnant or lactating women 	Dependency ratio: 2+ members aged 0-15/60+ yrs old per non-dependant (16-49 yrs old) 
Duration of displacement: <1 month; 4-7 months are the most vulnerable 	HH size: very big size (11+ members) 
Location: KC expansion, new settlements, HC Ukhia	
Marital status: widow 	

5. Coping Strategies (food and livelihoods-related)

Most common food-related coping strategies



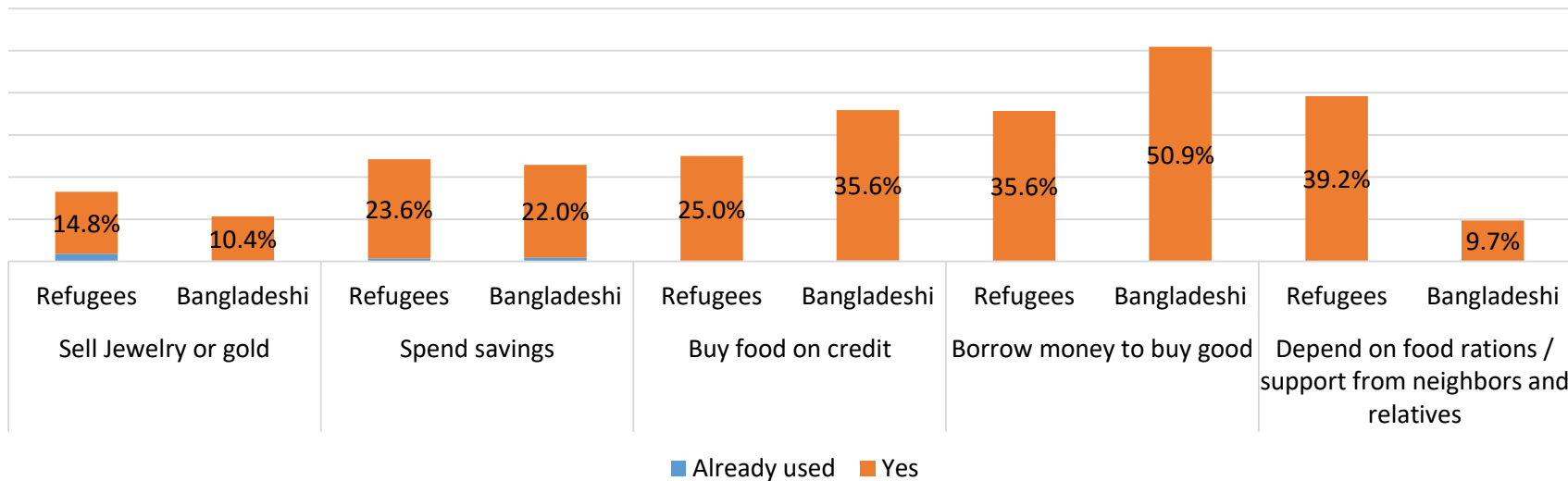
Most common coping mechanisms affecting livelihoods



Slightly higher frequency of adoption of food-related coping strategies among refugees, especially female headed HHs or HH with single mothers.

Coping strategies affecting livelihoods/assets

Most common livelihood coping of the displaced and HC



- Borrowing money and buying food on credit are the most commonly used livelihood coping strategies for HCs, and refugees

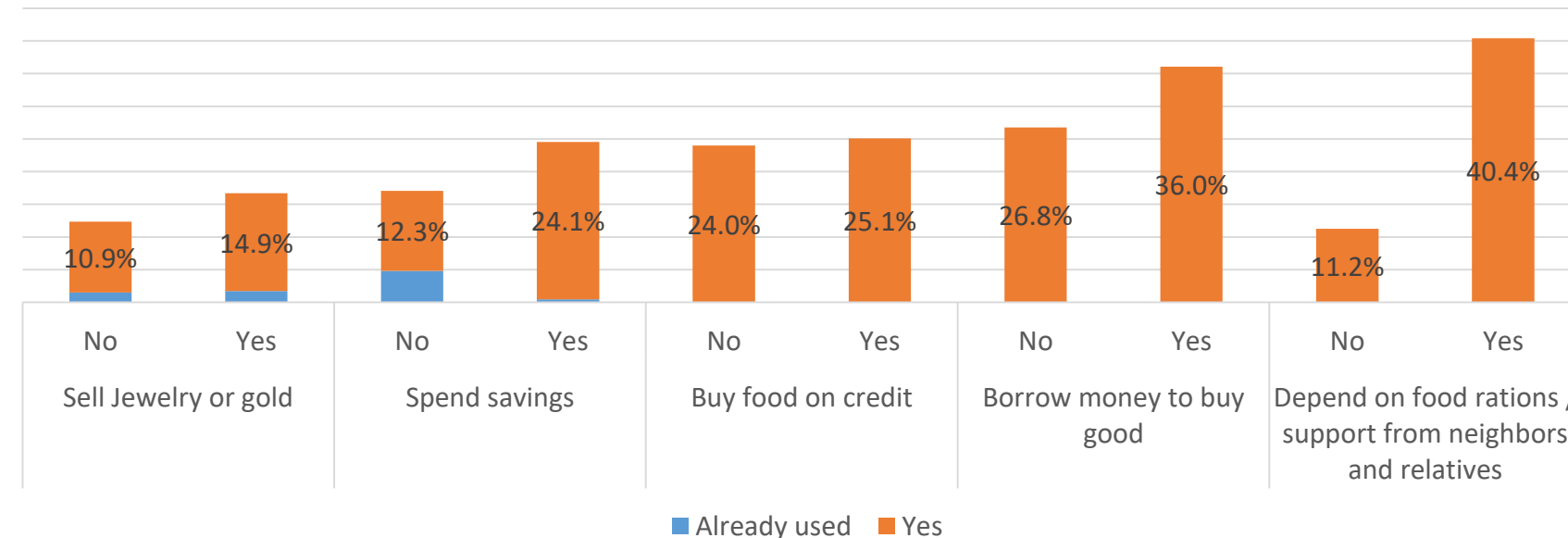
- Refugees principally on food assistance or other types of external support.

- Rohingya displaced depend more on selling jewellery/gold brought from Myanmar, food rations, support from relatives

- Food assistance prevents displaced from spending savings, selling jewelry, borrowing.

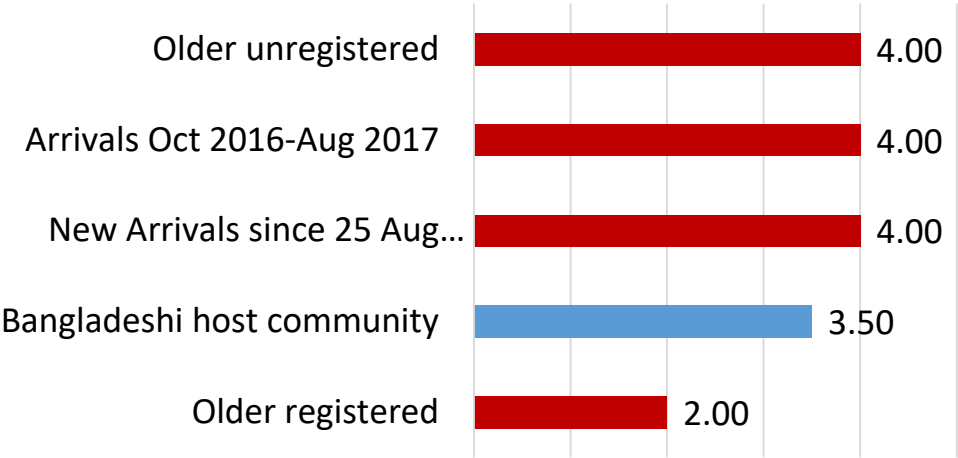
- However, a high proportion of NAs recur to such coping mechanisms.

Most common livelihood coping by food assistance

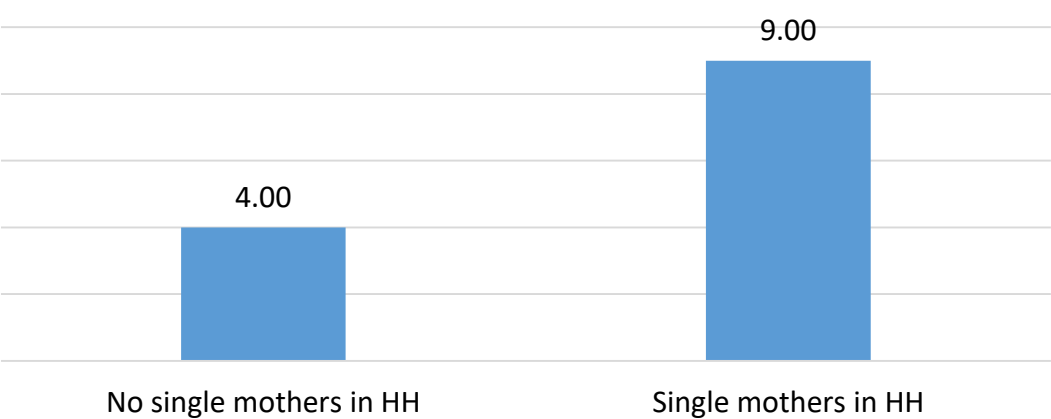


Food-related coping strategies

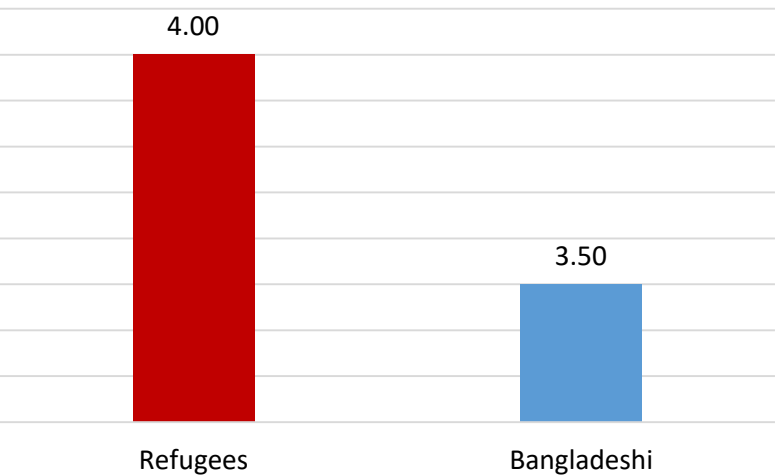
Median rCSI by arrival time



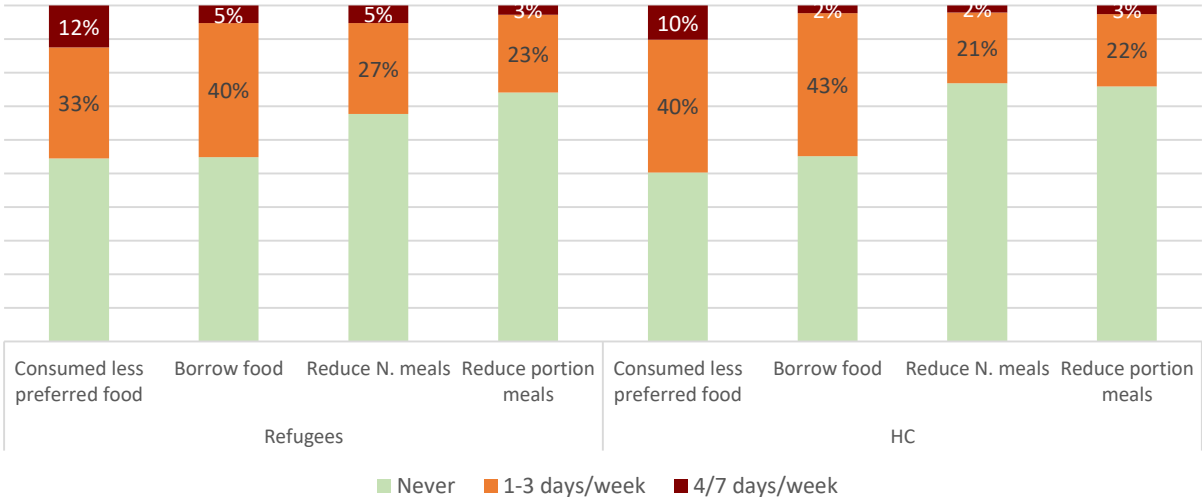
Median rCSI by presence of single mothers



Median rCSI by category

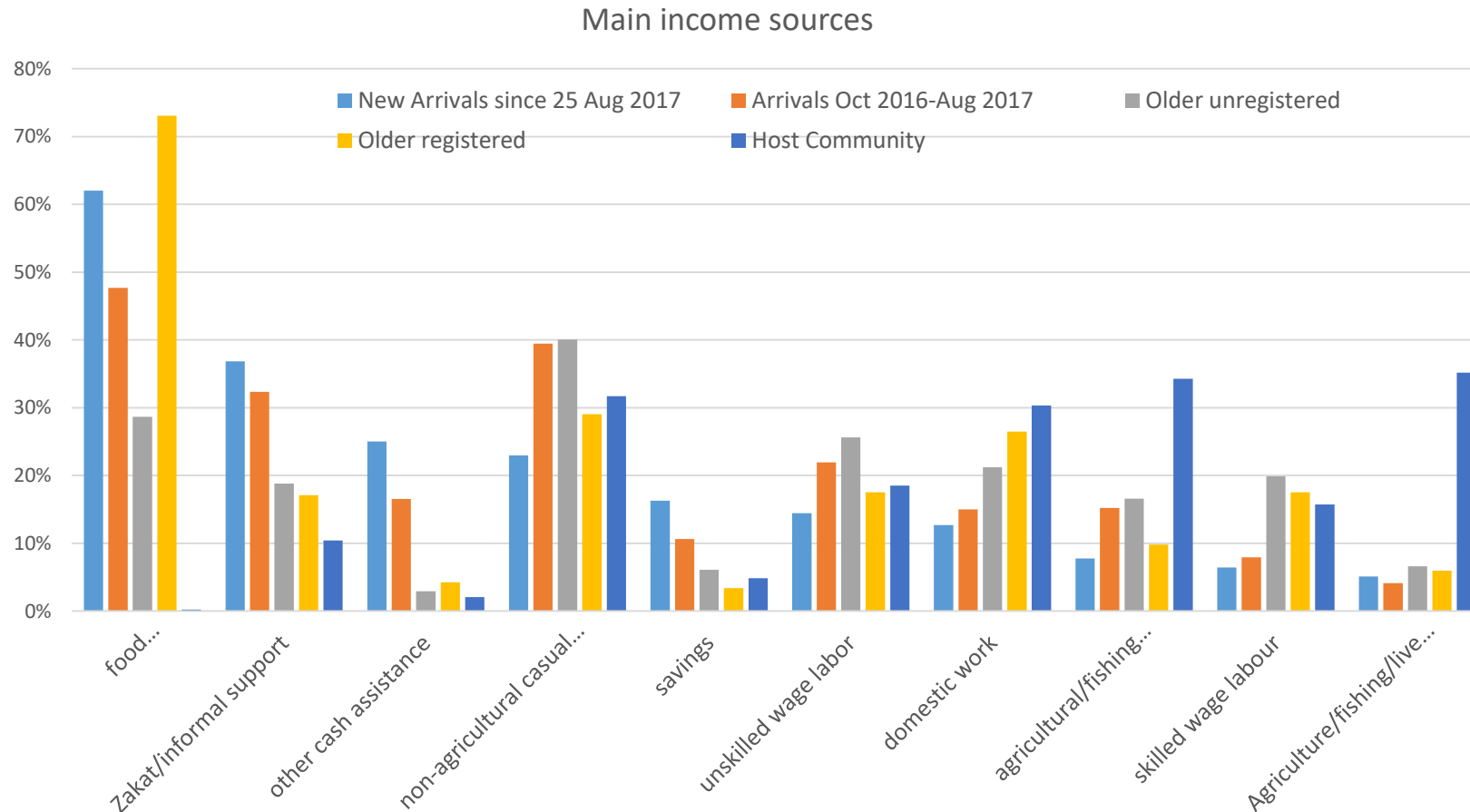


Most common food-related coping strategies



Slightly higher frequency of adoption of food-related coping strategies among refugees, especially female headed HHs or HH with single mothers.

6. Income sources



Displaced

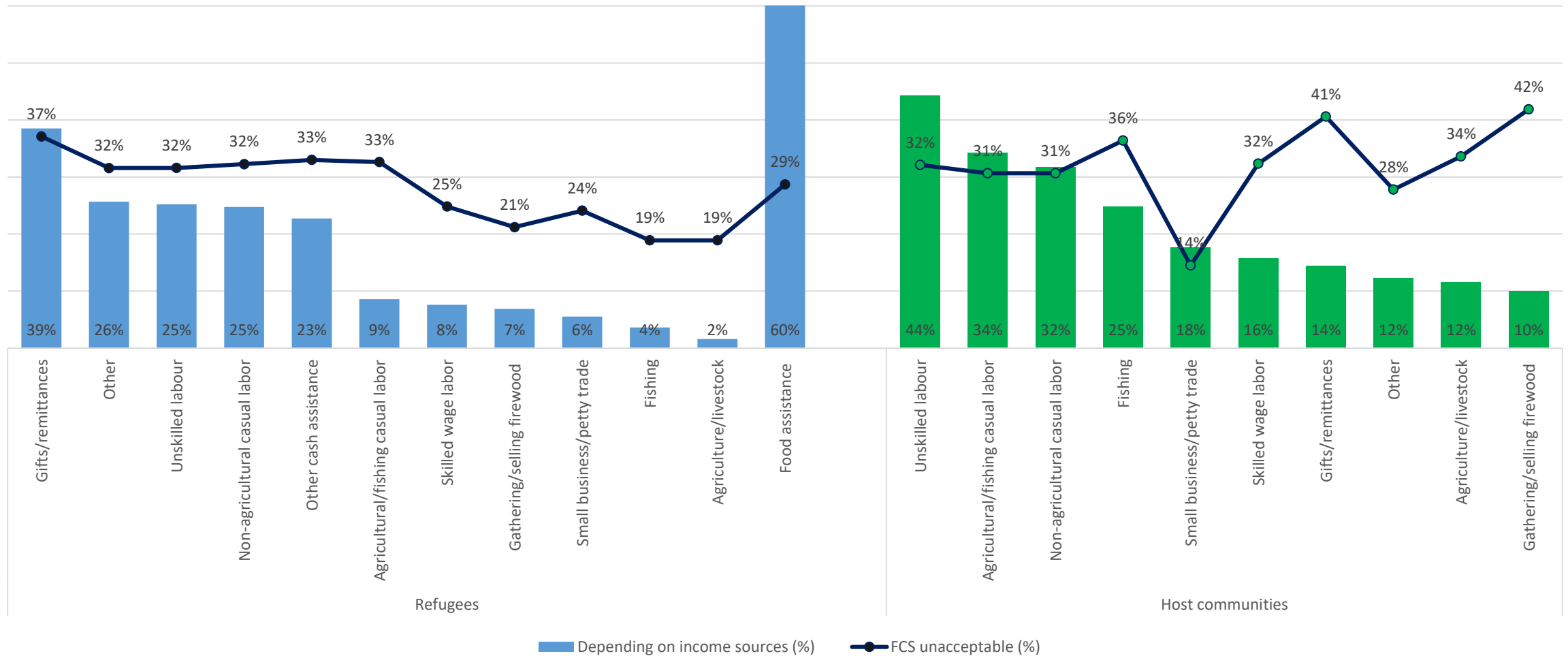
- Half displaced HHs do not have access to IGAs, mainly among new arrivals;
- 85% of the active displaced work on a temporary basis.
- HHs depending on the following less exposed to food insecurity:
 - businesses,
 - remittances,
 - skilled wage labour,
 - firewood gathering/selling petty trade.
- Around 15% of displaced Oct'16 and older unregistered depend on firewood gathering and selling.
- Only 5% of refugees depend on remittances and over 1/3rd of them have unacceptable food consumption

Host communities

- Around 97% of HCs have access to IGAs, mostly regular or seasonal.
- HC: fishing, farming and casual labour most prominent.

- Single mothers more likely to have no income generating sources and depend entirely of life saving assistance;
- No significant difference between male and female HH head on access to IGAs is observed.

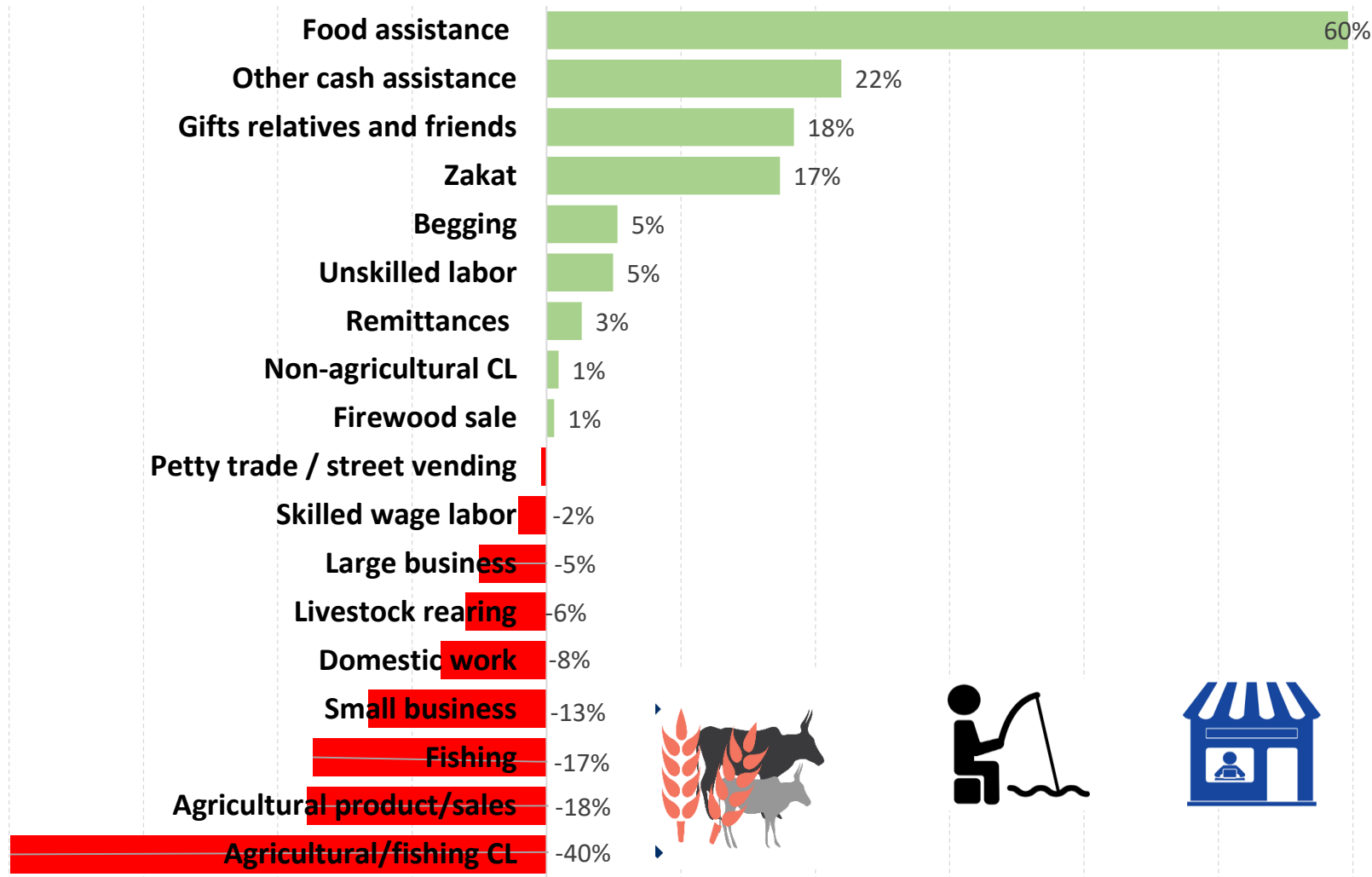
Main income sources of refugees/HCs and food consumption



- **Refugees:** Women are mainly occupied in domestic work (13%) and non-agricultural casual labour (7%); Before the displacement women were active in same jobs but with higher proportion (19%, 13%, respectively).
- **Host communities:** Women mainly involved in domestic work (29%), non-agricultural casual labour (7%)

Access to income generating opportunities – casual labour, fishing, trade - is key to ensure sustainable access to food for refugees

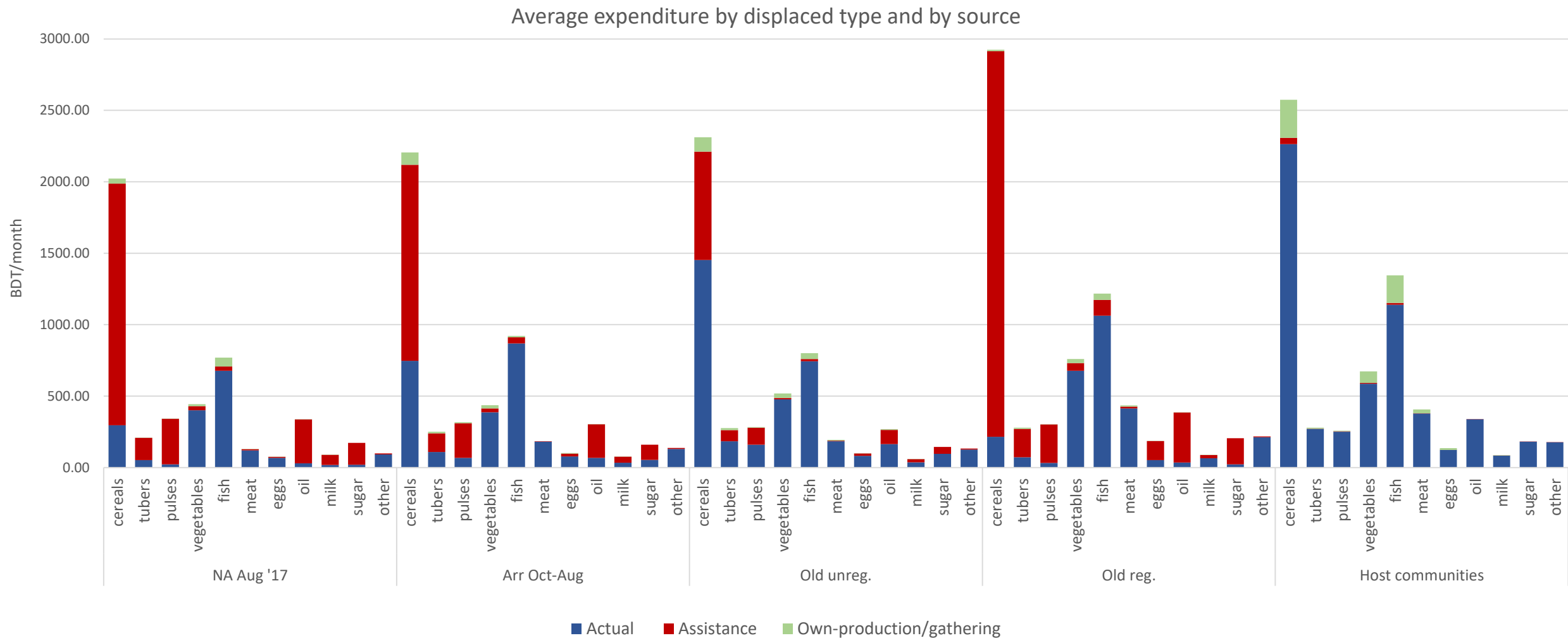
Evolution of livelihoods for refugees pre/post displacement



- Massive shift from dependence on income generating in Myanmar to unsustainable activities/ income sources (current)
- Existing know-how on agriculture and fishing, and other business
- High enrolment of women on skilled and casual labour in HCs advise towards livelihood support for women's group at both HC and refugees' level.

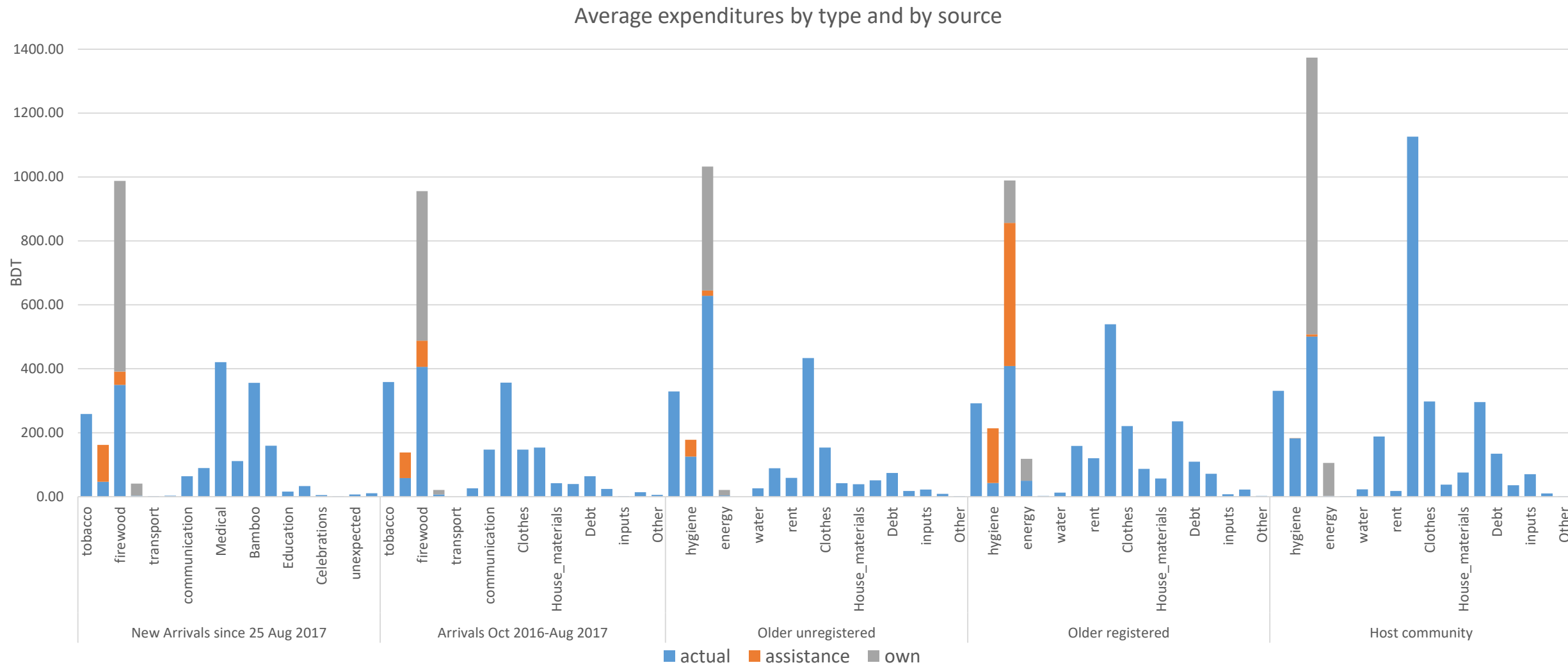
High expertise of refugees especially on fishing, farming and trade-related IGAs

7. Expenditures – food (monthly)



Vast majority of food expenditures covered by food assistance (old registered refugees and new arrivals). Fish, cereals and vegetables are the main items purchased by HCs and refugees. Own production extremely low also among Host Communities.

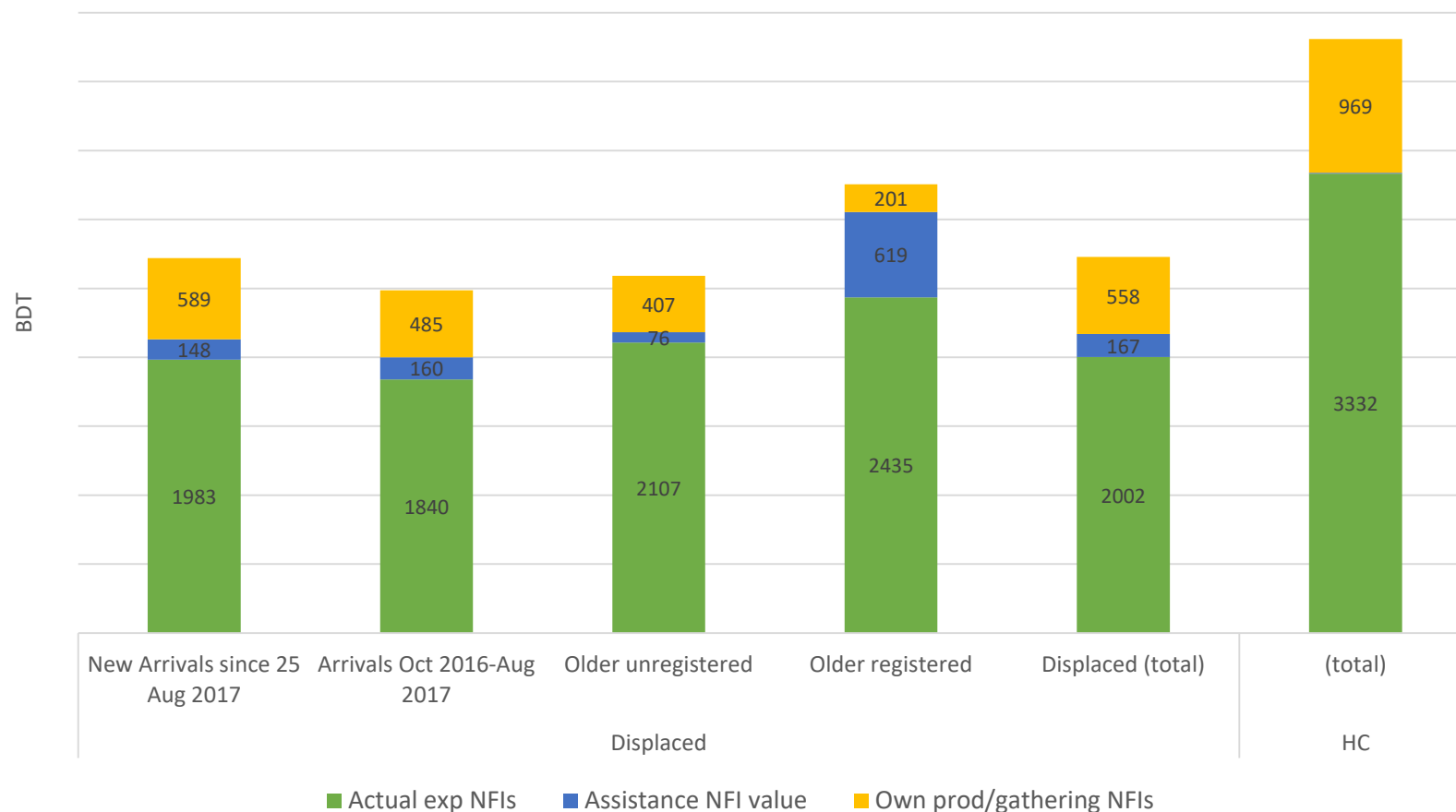
Expenditures – NFIs (monthly)



- Main expenditures: firewood and medical services; LGP supplies provided for registered refugees. 24% female-headed beneficiaries vs 17% male-headed beneficiaries;

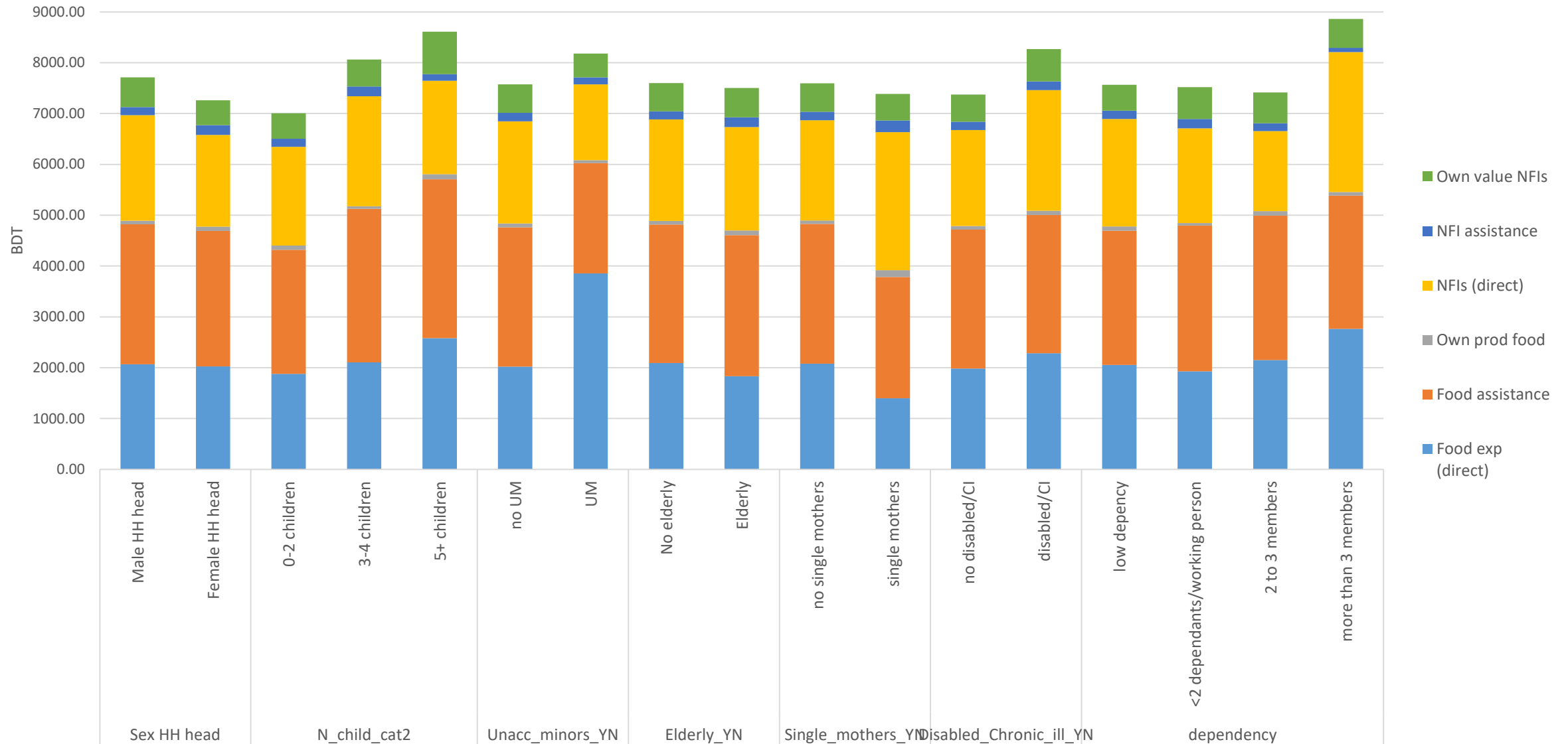
Expenditures – NFIs (monthly)

Average expenditures on NFIs by category of displaced/HC



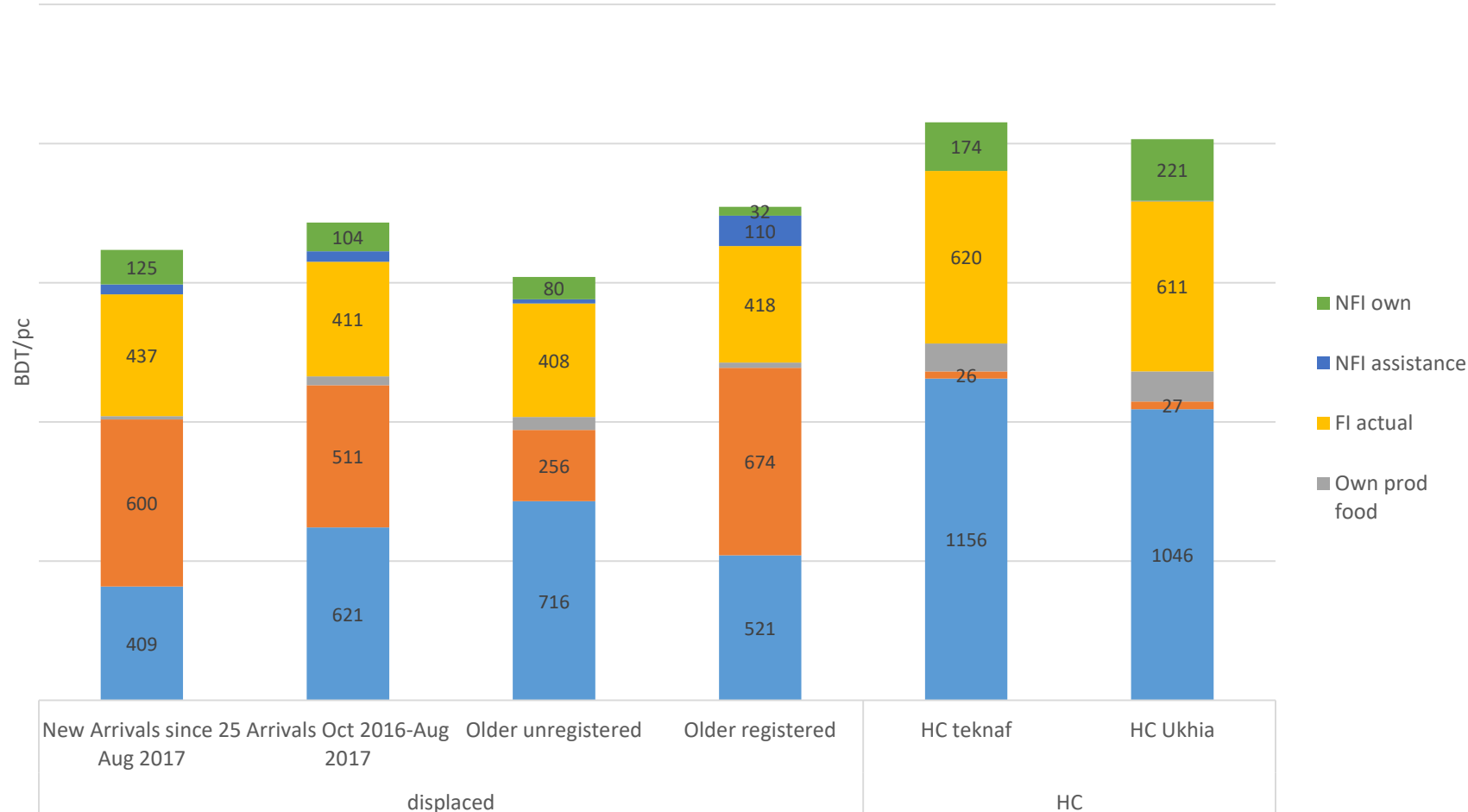
- Direct expenditure of HCs almost 80% higher than displaced (total).
- High value of NFIs from own production/gathering, mainly firewood across all strata
- Older registered refugees have the highest direct expenditure on NFIs, notably on medical services.
- Older registered benefit from considerable distribution of NFIs, notably firewood.
- The other groups of displaced have a very high level of firewood directly collected.

Expenditures by socio-demographic characteristics (displaced)



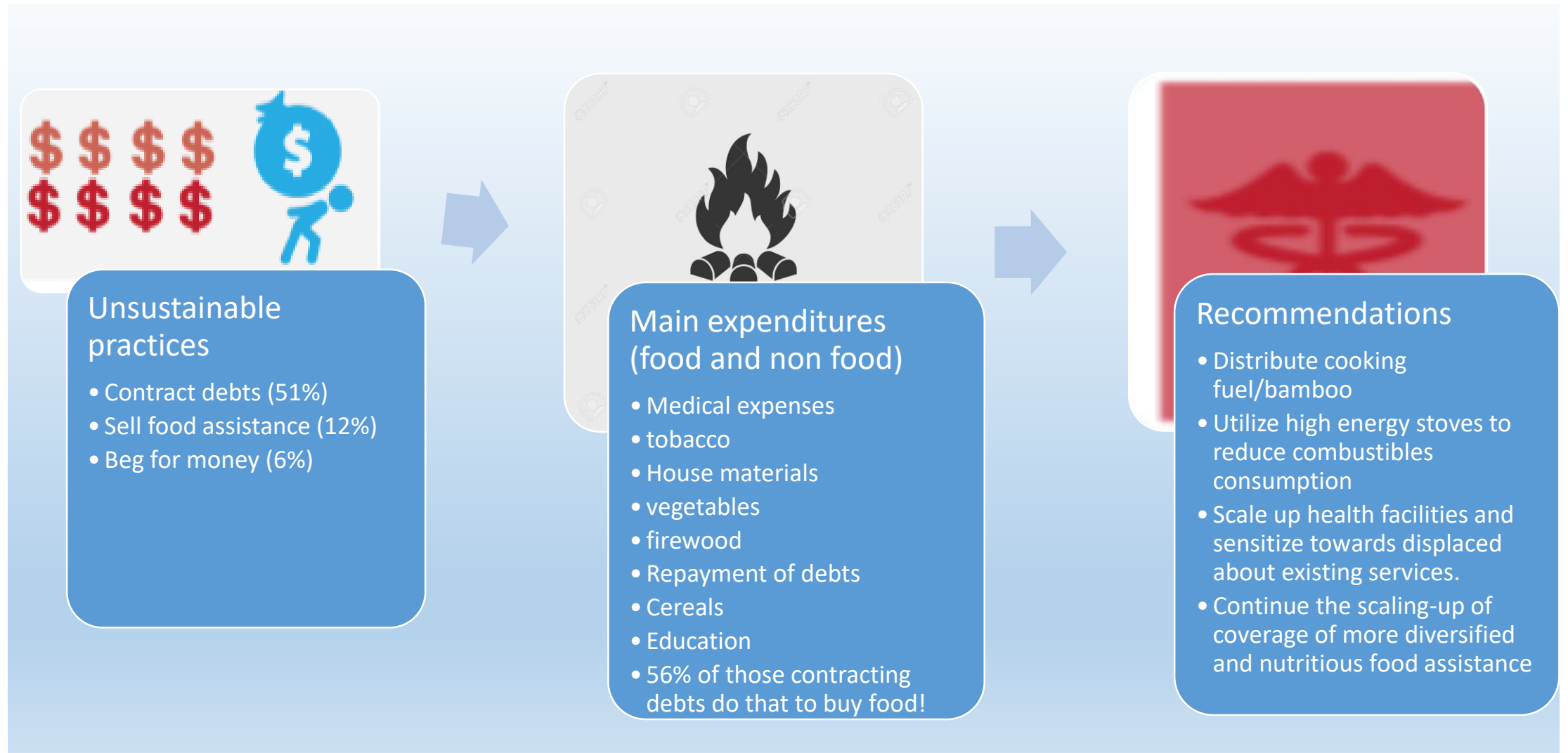
Expenditures by source

Total expenditures by categories (displaced vs HC), per capita



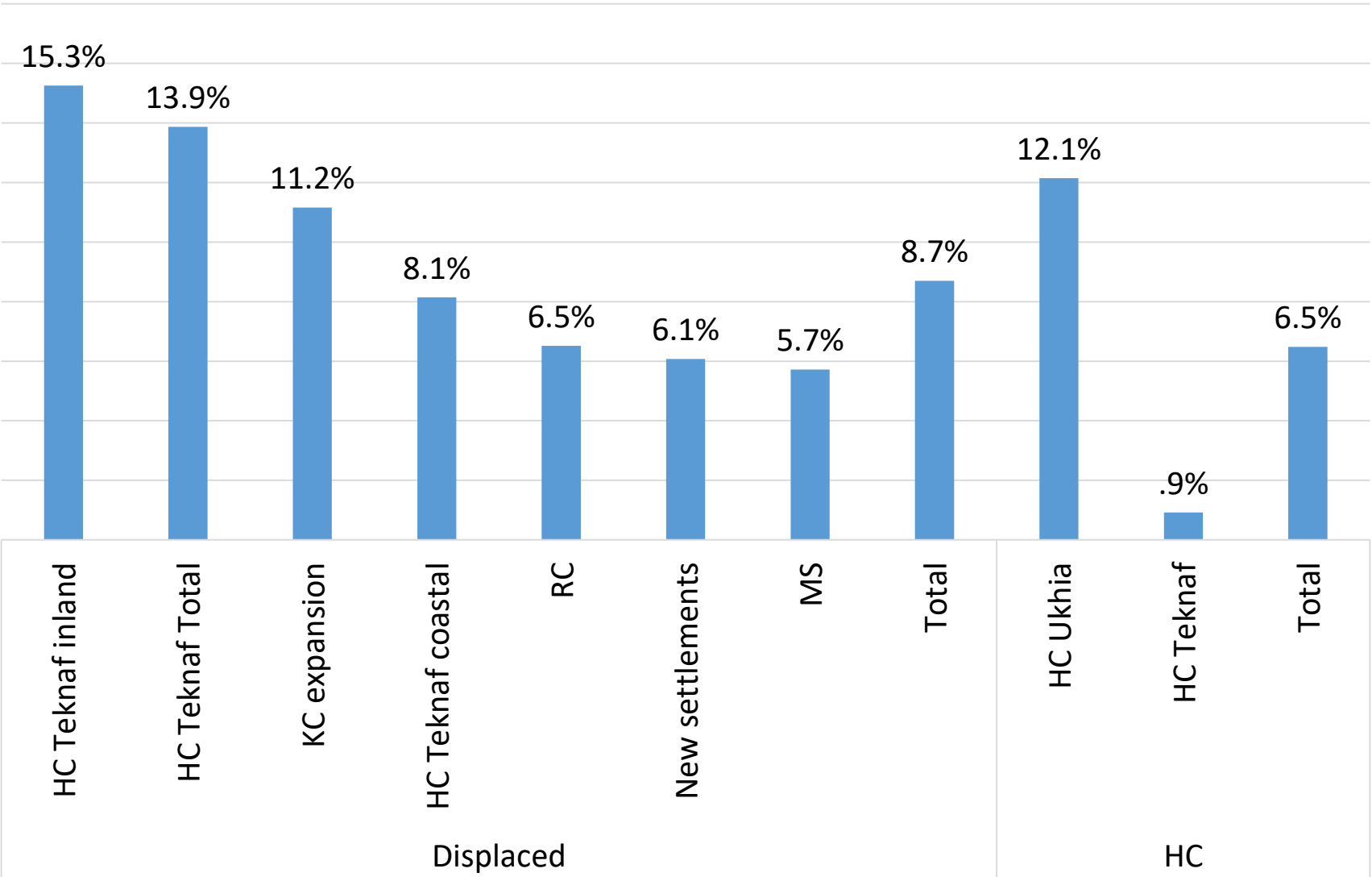
- Actual expenditure on food for displaced around 2,400T, 59% lower than HCs.
- All values imputed, the value of the food basket purchased accounts to 5,211 BDT (avg).
- Much lower values found among HHs with single mothers, elderly.
- Beneficiaries of food vouchers tend to spend more than those of ration
- Relatively high NFI own due to firewood
- The gross value of the purchased food basket within HC is 6,582 BDT.

Main expenditures from sale of food assistance, debts, begging (refugees)



Sale of food assistance relatively low but high borrowing of money especially to access food, medical services and firewood

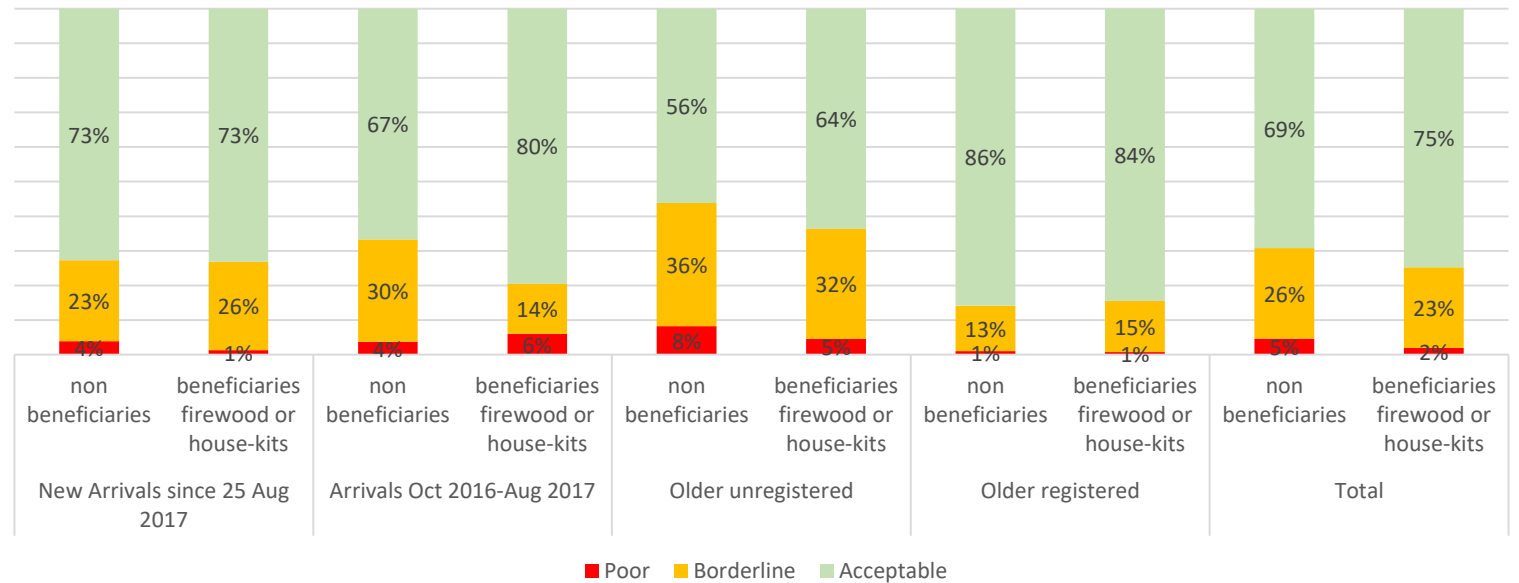
Market Access Problems



- For the host communities, Teknaf was observed to have better market access than in Ukhia
- In total, refugees have more problems accessing the market than the host community, but the difference is not as high as expected;
- It seems that the presence of many small traders in the camps contribute to the market access
- The data is indicative due to distributions hiding true demand and supply structure

Access to firewood/NFIs

- 60% benefitted from NFI/Health/WASH assistance:
 - Medical services 51%
 - NFIs house 49%
 - Hygiene/ kits 31%
 - Firewood 19%
- LPG distribution insufficient to cover needs of refugees
- However, 76% of refugees receiving cooking fuel have acceptable FC vs 69% of non beneficiaries
- Protection: 19% of those declaring to have insufficient firewood reported insecurity episodes vs 14% of those not facing shortage



Avg expenditure on cooking fuels by level of vulnerability					
LPG/firewood		Non acceptable FCS	Acceptable FCS	Food insecure	Food secure
Displaced	Non beneficiary	344	399	313	645
	beneficiary	163	292	218	462
Host communities		113	531	100	562

8. Nutrition – Secondary data

COMPARATIVE PRELIMINARY RESULTS

Indicator \ Survey	Kutupalong RC (n=405) Total Population 24,499 Oct 22 nd - 28 th	Makeshift (n=1,305) Total Population 720,902 Oct 29 th - Nov 20 th	Nayapara RC (n=584) Total Population 38,997 Nov 20 th - Nov 27 th	Notes of Relevance
GAM / SAM (WHZ) children 6-59 months	24.3% [19.5-29.7] 7.5% [4.9-11.2]	19.3% [16.7-22.2] 3.0% [2.2-4.2]	14.3% [11.2-18.1] 1.3% [0.5-2.9]	KTP and MS exceed 15% GAM emergency threshold
GAM / SAM (MUAC) children 6-59 months	5.9% [3.7-9.4] 0.7% [0.2-2.7]	8.6% [6.8-10.7] 1.3% [0.8-2.1]	7.0% [4.9-9.9] 1.8% [0.9-3.6]	
Stunting Global/Severe children 6-59 months	43.4% [37.6-49.4] 15.0% [11.2-19.8]	44.1% [40.7-47.5] 12.0% [10.1-14.3]	44.4% [39.5-49.3] 12.5% [9.6-16.1]	Consistent across surveyed populations
Anemia (Hb<11.0g/dL) children 6-59 months	47.9% [41.9-54.0]	47.9% [44.1-51.7]	46.6% [41.8-51.6]	Consistent across surveyed populations
Measles Vacc. Coverage children 6-59 months	55.0% [49.4-60.5]	45.3% [38.5-52.3]	88.0% [84.5-90.8]	Campaign Nov 18-30 th w/ Nov 20 th -22 nd in Nayapara
Cholera Vacc. Coverage All persons ≥1 year	78.1% [76.3-79.8]	88.5% [84.0-91.9]	87.3% [86.0-88.4]	Campaign 1st round Oct 10 th , 2nd round Nov 4 th
Diarrhea children 6-59 months	40.4% [34.1-46.1]	41.3% [36.5-46.2]	34.3% [30.0-39.1]	

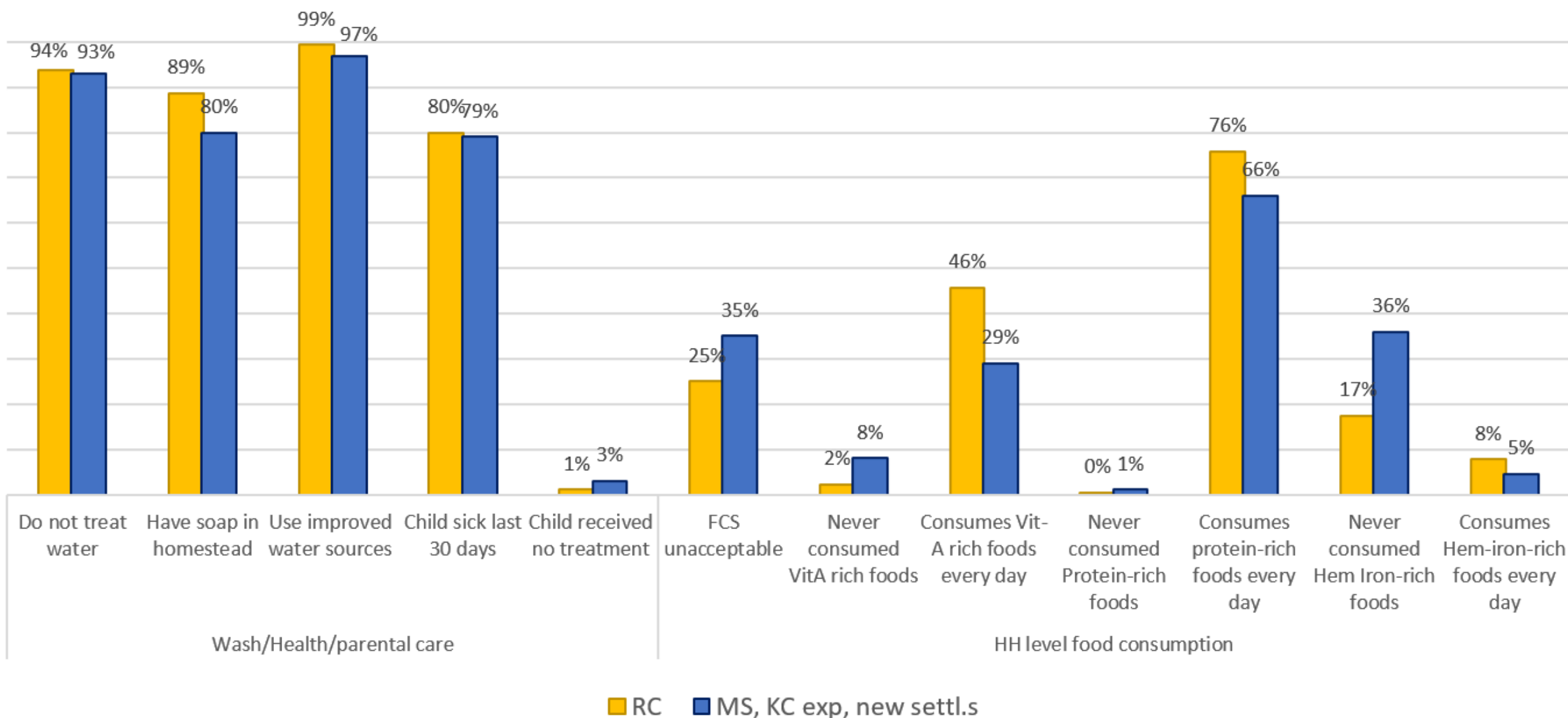
Source: Emergency Nutrition Assessment conducted by Nutrition Sector – Oct., Nov., 2017

- Extremely high levels of GAM above emergency threshold especially in Kutupalong registered camp and makeshift
- Nearly 50% of children suffered from anemia (Hb<11.0g/dL) which represents a severe public health problem according to WHO threshold (<40%).
- Only 9% of children 6-23 months in Kutupalong RC has a Minimum Acceptable Diet, as compared to 16% in Nayapara RC and 6% in the makeshift areas.
- Around 25% of children 6-59 months are covered by BSF programmes in RCs and 13% in MS. More recent data suggest that coverage of BSFP programmes has more than doubled over the past few weeks.

8. Nutrition – REVA Findings (cont'd)

- **Extremely high level of morbidity:** around 80 percent of households reported having household members including children suffering from diseases in the 30 days prior to the interview. Between 35 to 40 percent of children suffered from diarrhoea.
- Access to improved water sources reaches more than 96 percent of the new arrivals thanks to the immense efforts by actors involved in WASH to establish hand-pumps and tube wells.
- However, the proximity of communal latrines and the low water table enhances contamination. A joint WHO/Bangladesh Department of Public Health research in the Kutupalong and Balukhali extension sites between September and November showed that 86 percent of the water sample were contaminated with E. coli bacteria.
- According to REVA, only **4 percent of refugees treat their drinking water**, which is also caused by the scarcity and high prices of firewood.
- Access to food was only a temporary problem and the majority of refugees have an acceptable diet thanks to the major surge in food assistance over the past months.
- Dietary diversity could be further improved with the transition from in-kind assistance to food vouchers.

REVA findings on WASH/Food consumption in Registered Camp and Makeshift



High use of tube-wells/hand-pumps (improved) but poor water quality (from secondary data) and low treatment may justify high watery diarrheal diseases among children. HH food diet relatively well diversified

9. Protection

	RC	MS	KC expansion	New settlements	HC Ukhia	HC Teknaf coastal	HC Teknaf inland	Total
Q11.2.3 Theft__robbery	4.7%	7.7%	7.1%	3.6%	12.5%	6.5%	9.5%	7.2%
Q11.2.8 Limitations on movement	6.3%	6.3%	7.1%	5.7%	6.0%	.8%	3.2%	5.9%
Q11.2.1 Harassment	12.5%	3.4%	6.3%	4.9%	6.6%	2.0%	5.7%	5.8%
Q11.2.6 Physical violence__abuse	6.2%	4.3%	4.5%	4.5%	2.9%	1.5%	2.4%	4.0%
Q11.2.2 Discrimination	5.2%	2.9%	4.0%	4.5%	2.6%	1.3%	1.0%	3.4%
Q11.2.4 Being approached by human smugglers__	5.2%	2.9%	3.6%	.8%	4.7%	.2%	4.1%	3.1%
Q11.2.11 General unsafe feeling	4.0%	1.6%	3.1%	2.4%	4.9%	2.4%	2.0%	2.9%
Q11.2.7 Abduction	4.1%	1.1%	3.1%	2.4%	4.0%	0.0%	0.0%	2.4%
Q11.2.12 Tensions displaced - host community	4.1%	2.0%	.9%	2.4%	2.6%	.1%	2.4%	1.9%
Q11.2.10 Lost child (more than 1 day)	3.4%	3.1%	.9%	1.2%	.9%	0.0%	1.0%	1.4%
Q11.2.5 Being approached by drug traffickers	6.5%	1.5%	.4%	0.0%	1.3%	.2%	1.5%	1.1%
Q11.2.9 House, land property destruction	0.0%	.6%	1.8%	0.0%	.9%	.2%	0.0%	.8%
Q11.2.13 Misuse of food or nutrition assistance	3.4%	.5%	.9%	.4%	.9%	0.0%	0.0%	.8%

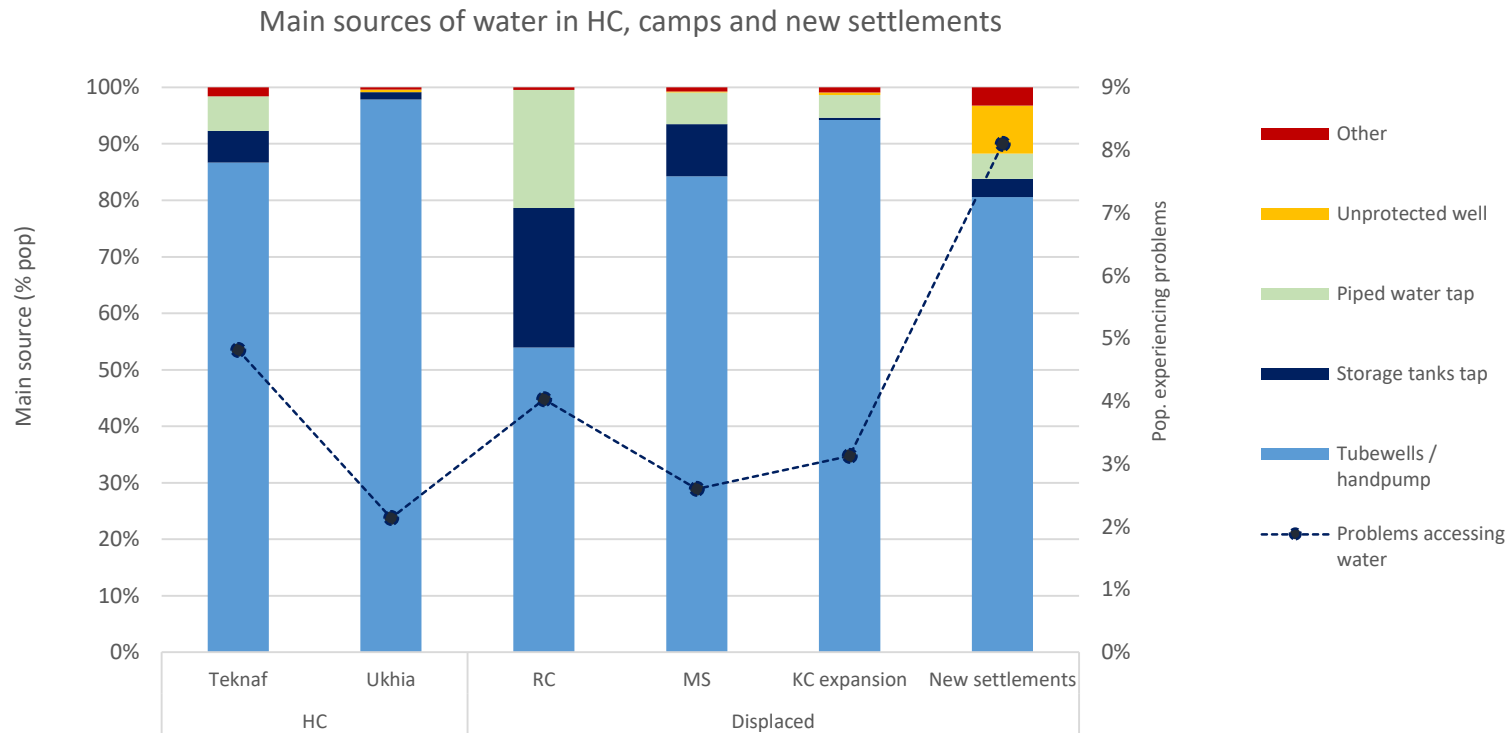
- Theft, robbery, limitation of movement, and harassment were the most common protection issue across the locations
- Ukhia host community had the highest prevalence of theft and robbery
- Teknaf host community (coastal) had the lowest prevalence of protection issues
- Registered camps had the highest prevalence of protection issues, especially harassment, drug traffickers, and physical violence.

Protection (cont'd)

	females(18+	female(<18)	all females	males(18+)	male(<18)	all males	all
Harassment	20.0%	11.4%	19.3%	22.4%	2.9%	2.3%	21.8%
Discrimination	41.3%	2.3%	9.9%	11.2%	0.0%	4.0%	31.3%
Theft and robbery	26.8%	1.1%	2.2%	8.8%	2.2%	.5%	58.3%
Being approached by human smugglers	4.6%	16.8%	0.0%	16.2%	29.7%	1.6%	31.2%
Being approached by drug traffickers	5.7%	1.8%	0.0%	54.8%	8.0%	9.3%	20.4%
Physical violence and abuse	32.1%	16.4%	25.8%	13.7%	1.2%	3.2%	7.5%
Abduction	21.1%	37.8%	.5%	16.0%	3.9%	.7%	19.9%
Limitations on movement	19.8%	.3%	2.7%	18.4%	.3%	20.4%	38.1%
House, land property destruction	21.7%	0.0%	0.0%	40.9%	0.0%	0.0%	37.4%
Lost child (more than 1 day)	3.5%	14.7%	7.1%	0.0%	21.9%	12.6%	40.2%
General unsafe feeling	19.3%	1.6%	10.9%	1.8%	.4%	3.1%	62.8%
Tensions displaced - host community	5.1%	.9%	.9%	1.7%	0.0%	0.0%	91.4%
Misuse of food or nutrition assistance	62.3%	12.8%	0.0%	0.0%	2.9%	0.0%	22.0%

- Physical violence and abuse most commonly affected all females
- Highest proportion of female children were affected by abduction
- Drug traffickers mostly approached adult males. Adult males were also most affected by house land property destruction.
- Misuse of food or nutrition assistance, discrimination were most experienced by female adults

10. WASH - Access to water



- Around 4,800 tube wells with hand pump installed by mid-Oct (1/3rd dried-up or broken).
- KC expansion sites lack of infrastructures to pull, move and store drinkable water.
- 86% of water sample positive to E.coli and 36% very highly contaminated (Bangladesh Department of Public Health/WHO)
- Only 2.1% of HHs within HC and 4.4% of displaced treat water before drinking.
- 2/3rd of displaced living in the KC expansion declare that distance to WPs is one of the main challenges to access water, alongside insufficient number of WPs (44%), not functional WPs (27%), and poor water quality (39%); similar patterns observed by displaced in the New settlements.
- Access to water is less problematic in RC, HC Ukhia and MS; Local communities of Teknaf complain about the insufficient number of WPs and consequent distance to access water.

WASH - Main constraints to access water

Zone	Insufficient N. WPs	WPs not functioning	Waiting time at WP	Distance to WP	Restricted access to WP	Lack of storage containers	Do not like taste quality etc	Safety/ harassment reaching WP
HC Teknaf	17%	8%	22%	37%	5%	3%	4%	4%
HC Ukhia	9%	10%	5%	16%	2%	4%	7%	0%
RC	12%	4%	13%	6%	4%	2%	2%	1%
MS	14%	3%	23%	19%	2%	5%	7%	1%
KC expansion	44%	27%	32%	65%	4%	14%	39%	1%
New settlement	39%	9%	27%	50%	5%	5%	10%	2%

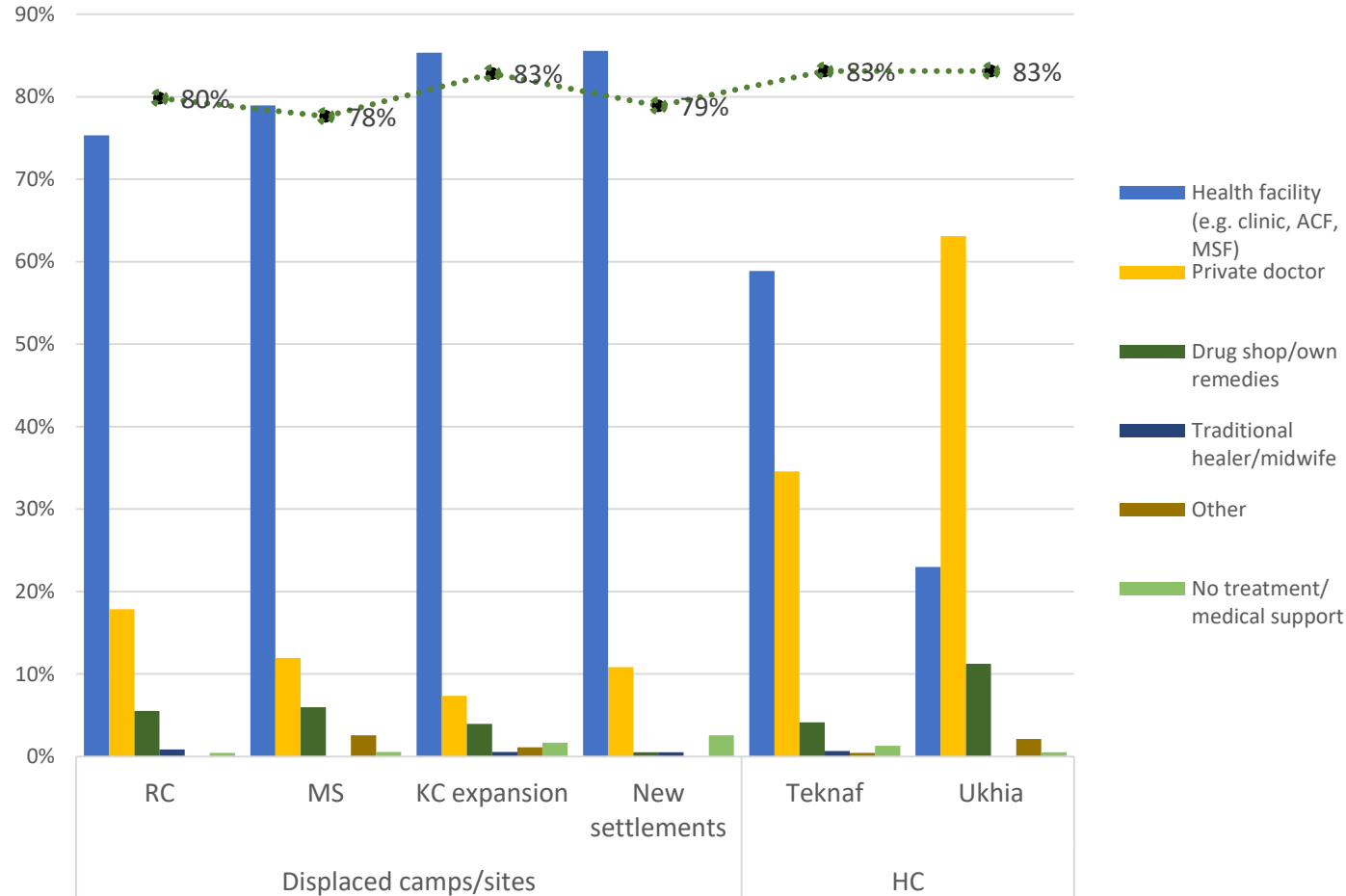
WASH - Sanitation facilities

- UNHCR and partners dug 7,839 latrines;
- In Balukhali MS on average 115 people use one latrine (HCR standard max. 20)
- Many sites are below/beyond the ideal 6 to 50m reach
- Proximity of latrines and water pumps
- Main type of toilets used by HCs and displaced:

Area	Inside the dwelling/ own compound	Shared with neighbors close to compound	Communal	Open space
HC Teknaf	49.0%	24.5%	22.2%	4.4%
HC Ukhia	60.9%	14.3%	4.9%	19.8%
RC	2.5%	27.9%	69.6%	0.0%
MS	2.1%	25.8%	72.0%	.1%
KC expansion	3.6%	39.7%	54.5%	2.2%
New settlements	5.3%	32.0%	61.5%	1.2%

11. Health

Proportion of HHs with children requiring treatment in the past 30 days and most commonly utilized health service delivery systems

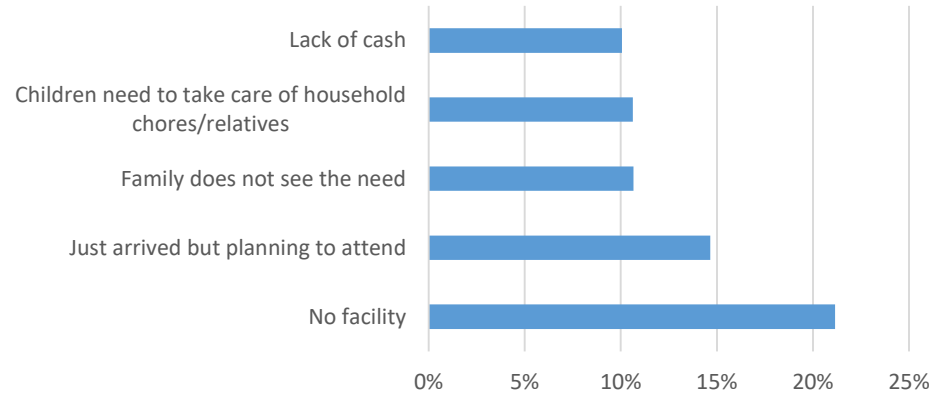


- High morbidity levels observed across all locations (85% of HHs in HC; 79% in camps/settlements).
- Main diseases (global): 29% ARI; 21% AWD; 9% skin diseases; 28% unexplained fever (EWARS).
- Widespread use of health facilities in camps/new settlements; high reliance on private doctors for HCs.
- No treatment, negligible except in KC expansions (2%) and new settlements (3%).
- Main reasons for no treatments: distance from health centres; absence of proper treatment/medicines; unaffordability; and unawareness of services available.

12. Education – major constraints

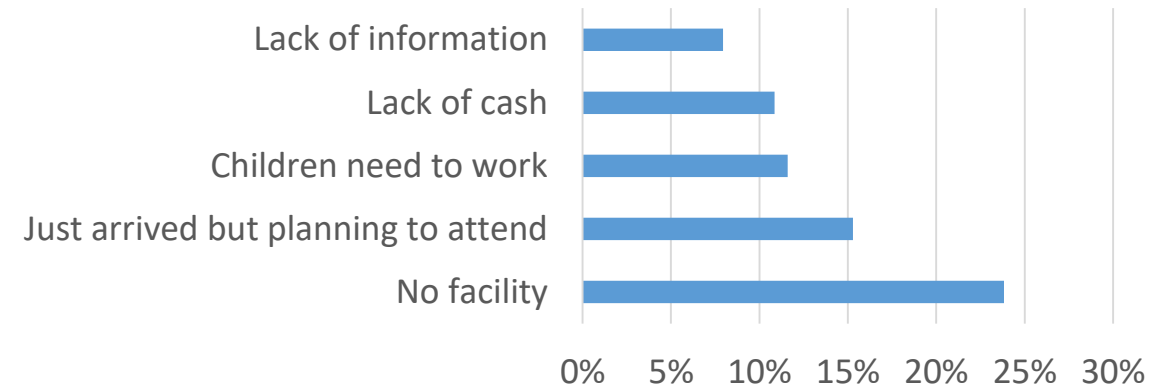
Major 5 constrains not to go to school

Girls (displaced)



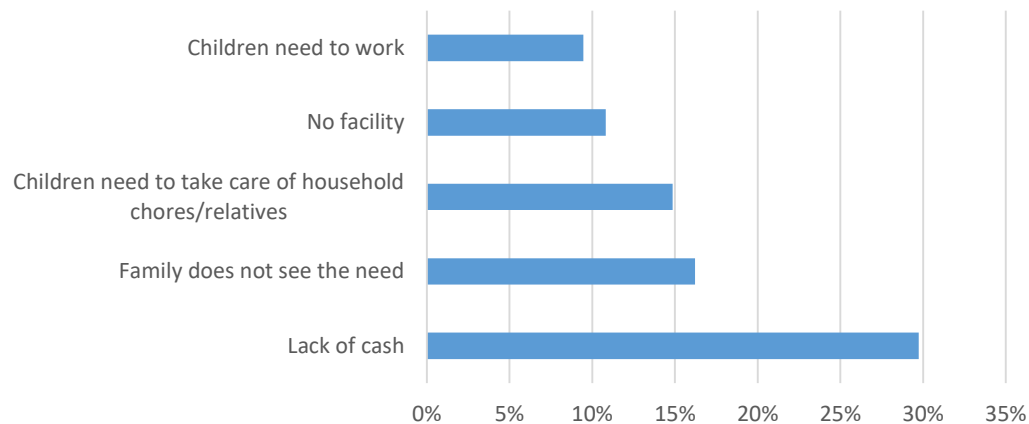
Major 5 constrains not to go to school

Boys (displaced)



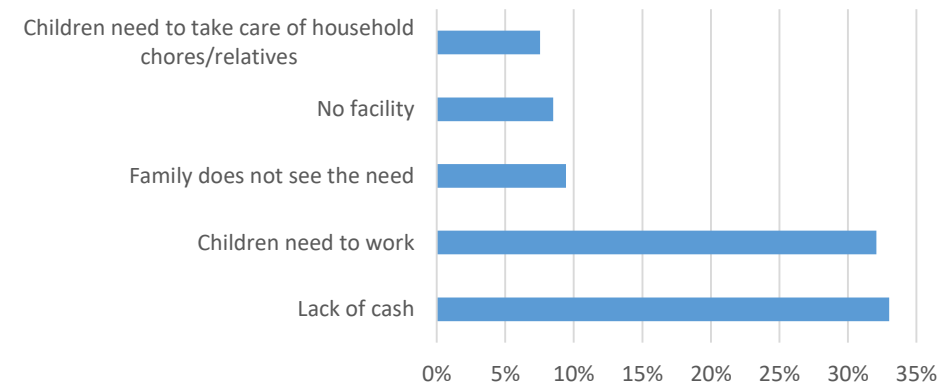
Major 5 constrains not to go to school

Girls Host Community



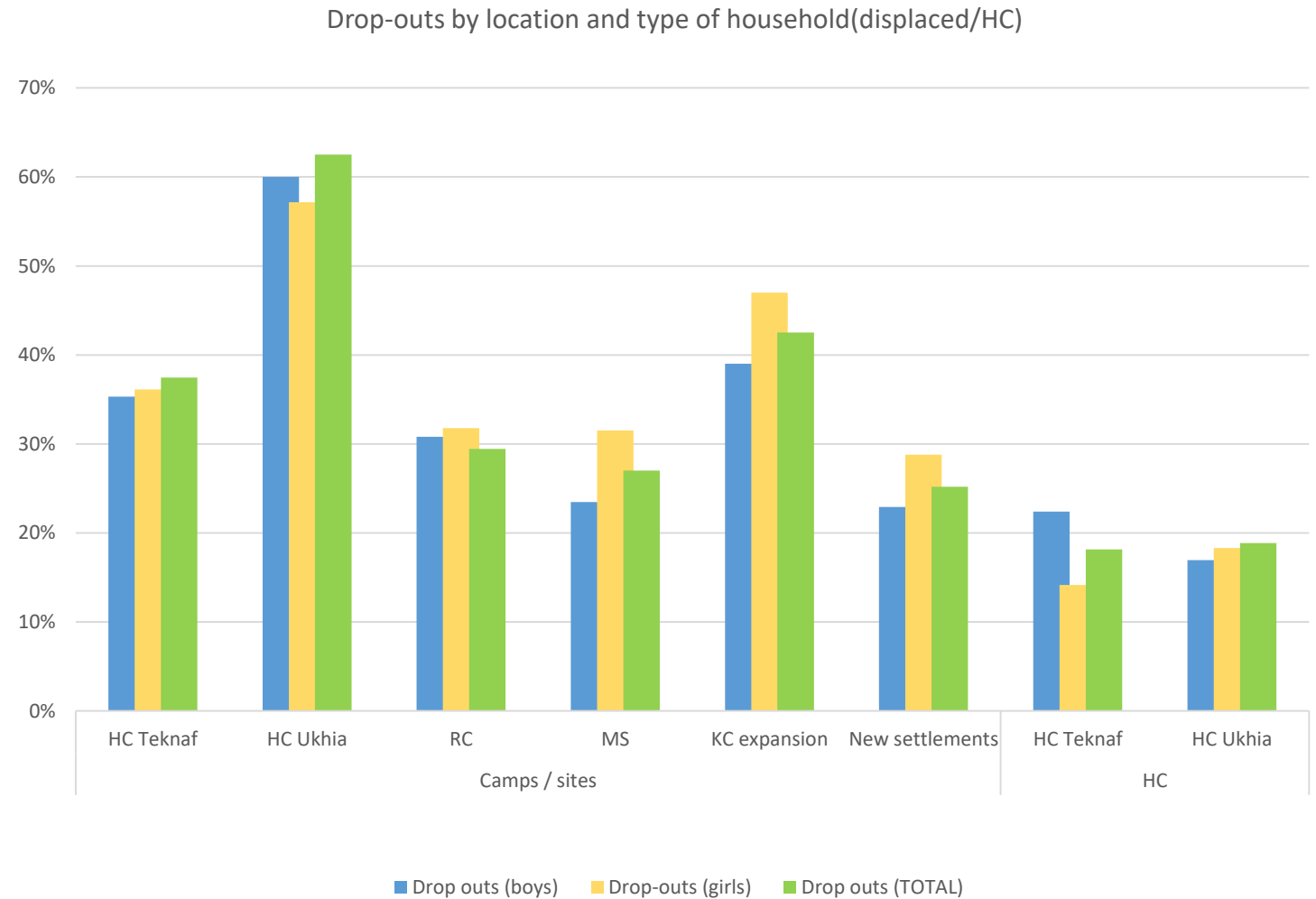
Major 5 constrains not to go to school

Boys Host Community



Education (cont'd)

- Highest levels of drop-outs among children of displaced families in HC Ukhia, mainly as a result of child labour and facilities too crowded
- Freedom of movement and distance limit access of displaced children within schools in HCs in Ukhia and Teknaf.
- Lack of schools is the main challenge to access education in the expansion sites .
- The increasing caseload towards this KC expansion site is and settlements is likely to further increase drop-outs in these areas unless facilities are made available and mobility is granted.

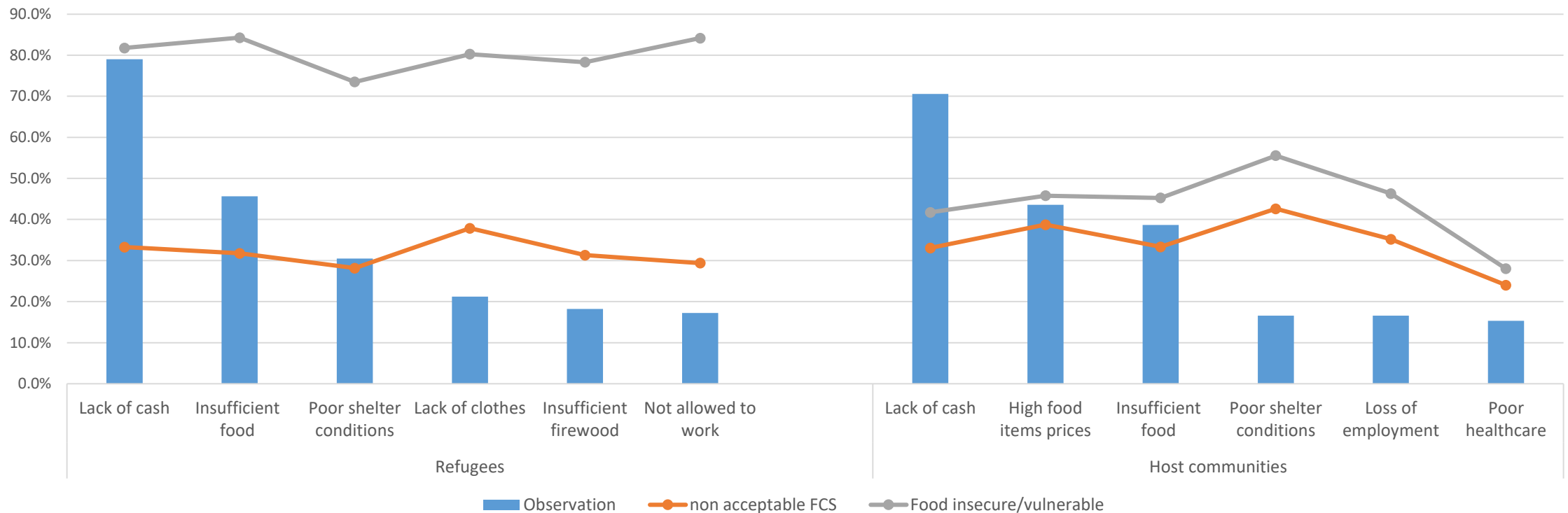


Education - Main constraints limiting access (by area)

Sex	Location		No facility	Just arrived but planning to attend	Safety risks	Facility too crowded	School too far away	Children need to work	Family does not see the need	Lack of cash
GIRLS	Displaced	HC Teknaf	36.7%	26.0%	15.8%	18.6%	23.7%	13.1%	26.0%	11.3%
		HC Ukhia	25.0%	25.0%	0.0%	50.0%	25.0%	75.0%	0.0%	0.0%
		RC	30.1%	35.6%	8.2%	17.8%	16.8%	23.6%	16.9%	19.1%
		MS	22.9%	7.5%	21.7%	15.8%	19.2%	14.2%	32.6%	31.1%
		KC expansion	52.4%	42.9%	4.8%	4.8%	11.9%	9.5%	14.3%	19.0%
		New settlements	38.5%	10.3%	10.3%	5.1%	10.3%	20.5%	33.3%	20.5%
	HC	HC Teknaf	30.0%	5.0%	10.0%	10.0%	5.0%	15.0%	25.0%	65.0%
		HC Ukhia	11.8%	0.0%	17.6%	5.9%	11.8%	23.5%	41.2%	52.9%
BOYS	displaced	HC Teknaf	24.4%	26.7%	4.1%	13.8%	18.8%	40.1%	9.7%	23.6%
		HC Ukhia	66.7%	33.3%	0.0%	33.3%	33.3%	33.3%	0.0%	0.0%
		RC	38.2%	44.0%	1.4%	16.5%	4.2%	33.9%	11.6%	21.3%
		MS	31.5%	3.5%	26.5%	3.9%	11.0%	41.0%	24.4%	27.1%
		KC expansion	52.6%	39.5%	2.6%	5.3%	18.4%	10.5%	5.3%	26.3%
		New settlements	54.5%	18.2%	3.0%	12.1%	12.1%	33.3%	12.1%	9.1%
	HC	HC Teknaf	12.5%	3.1%	6.3%	3.1%	3.1%	71.9%	15.6%	65.6%
		HC Ukhia	23.8%	0.0%	4.8%	4.8%	0.0%	52.4%	23.8%	66.7%

13. Main constraints

Self-reported main constraints and main outcome indicators



- Food assistance allows refugees to meet the food needs of the vast majority facing scarcity of financial resources.
- However, most refugees cannot access essential non-food related needs due to lack of resources.
- Host communities: Higher financial resources mitigates for the absence of direct food assistance but does not allow to meet all food and non-food related needs. Loss of employment and low own production it is a major constraint.

HHs who were not able to produce savings in the past 3 months (94%) within refugees and Host communities. Poor food access is mitigated by food assistance but overall economic vulnerability does not allow refugees and HC to meet their full needs.

14. Conclusions

- 67% of the refugees have acceptable food consumption mainly as a result of high coverage of food assistance (91%). Economic vulnerability remains however extremely high.
- Overall, **unregistered refugees** (arriving before Oct '16) and the new arrivals are the most likely to have an unacceptable diet and a severe economic vulnerability.
- Refugees **depending entirely on assistance or unsustainable sources** are more prone to food insecurity. Households with at least one member running a small businesses, skilled casual and wage labour are much less exposed to economic vulnerability and unacceptable food consumption.
- **Sale of ration** is relatively low (11%). However, HHs tend to contract debts to increase dietary diversity and other urgent needs (mainly health, house materials, firewood and education).
- Refugees: the most vulnerable to Food Insecurity are the HHs with more than 4 members, HHs with children (more acute if are more than 3) HHs with presence of PLW, Widow headed HHs; **unaccompanied minors**;
- Data suggest that access to **food may not be the main determinant of malnutrition** (further analysis required with the new nutrition surveys);
- Food Security is strongly linked to **protection** and viceversa;

Conclusions (cont'd)

- **Lack of cash** is the main concern for refugees and HCs (self-reported);
- One third of refugees and 45% of HCs declared cash as preferred modality, 18% mixed modality with food ass.
- Among the main **constraints for the HCs**: high food prices, insufficient food, poor shelter conditions, limited employment opportunities;
- **Food own production** extremely low among Host Communities
- Among the HCs: Female headed HHs, single parents (separated/divorced), disable/chronically ill, HHs with 11+, presence of PLW;
- **Access livelihoods** is one of the main concern also mentioned by the refugees
- **E-vouchers** enable access to a more diversified diet including **Vitamin A, Hem-Iron**;
- Food assistance reduces adoption of **coping strategies** (food related and livelihoods coping strategies)
- Refugees in HCs in Teknaf slightly less vulnerable (food security) than refugees in camps.
- Robbery and limitation of movement and harassment were the most common protection reported issues across profiles;
- Physical violence and abuse had a high prevalence across all females (age groups); female children reported to be more affected by abduction than other groups.

Conclusion – Inter sector

Protection

- Theft, robbery, limitation of movement, and harassment were the most common protection issue across all locations.
- Protection issues also as a result of scarce accessibility to markets/health services.

Health

- Around 80% of households with children reported at least one child sick in the 30 days prior to the interview. Most common diseases: 29% Acute respiratory infection; 21% Acute watery diarrhoea; 28% unexplained fever (EWARS).
- Health expenditures reportedly extremely high, especially among those who sell food ration.
- Vast majority of sick children received treatment at health centres or private doctors (mainly HCs); no treatment negligible except in new settlements and KC expansion.

Education

- Extremely high proportion of refugees illiterate. Significant difference in education level between HCs and refugees. Potential to scale up vocational trainings, especially for women.
- Limited availability of education facilities significantly impact enrolment of children in schooling age, especially in KC expansions, new settlements and among refugees in Ukhia host community.
- Among the host communities, lack of cash is the major limiting factor for accessing education facilities for both boys and girls. Slightly higher drop-outs rates of girls in Ukhia and Teknaf also due to promotion of boys' education at the detriment of girls'.

WASH

- Water quality is extremely poor: 86% of water sample positive to E.coli (Bangladesh Department of Public Health/WHO)
- Access to WASH is a big challenge especially in KC expansion and new settlements. Limited availability of functioning water pipes, hand-pumps and infrastructures hinders access to water. Also, a minimal proportion of displaced treats water before consuming it.
- Low number of latrines (not meeting the UNHCR standards) in Balukhali MS; extremely low availability in KC extension and new settlements. High level of open defecation in Ukhia HC.

15. In the words of respondents..



WORD CLOUD: When asked to report on main needs (open-ended question), refugees and HC mentioned mainly food, need, cash, livelihoods. The dimension of the font reflects the frequency of observations.