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Refugee Influx Emergency Vulnerability Assessment (REVA-5)

Summary Report
March 2022

Key Highlights

- Overall vulnerability levels have remained alarmingly high since 2020 among Rohingya households. The latest findings showed that 95 percent of all Rohingya households are moderately to highly vulnerable and remain entirely dependent on humanitarian assistance, similar to 2020 (96 percent). These results reflect the slow economic recovery of an already fragile population with no income sources nor livelihood opportunities.
- Overall vulnerability in the host community also remained as high as 2020, with 52 percent of the population being moderately to highly vulnerable in 2021 compared to 51 percent in 2020. The main drivers were the economic contraction and decline in economic activity across most sectors during the COVID-19 lockdown in a population highly dependent on daily wage labour.
- The proportion of Rohingya households with inadequate food consumption (poor and borderline) improved in 2021 reaching 45 percent, compared to 50 percent in the previous year – yet remains higher than pre-COVID-19 levels in 2019 (42 percent). In the host community, the proportion of inadequate food consumption increased in 2021 reaching 38 percent of households surveyed, driven by the increase in the proportion of households with borderline food consumption – showing continued challenges for the host population in meeting their food consumption needs after COVID-19.
- Discounting the value of assistance, a simulated scenario showed that the economic vulnerability would remain high with 94 percent of Rohingya households consuming below the Minimum Expenditure Basket (MEB); reflecting the fragility of the camp economy and its full dependence on assistance to cover the essential needs of almost all households.
- Despite the current level of humanitarian assistance, 51 percent of Rohingya households cannot afford the minimum expenditure basket (MEB). Compared to 2020, economic vulnerability has slightly deteriorated among Rohingya (by 2 percent) and host communities (2 percent). This indicates a significant dependency on humanitarian assistance when discounting humanitarian assistance. This also indicates the assistance is only able to offset the needs because of the underlying fragility.
- The monthly budget spent on food continued to be high: 71 percent for Rohingya households and 65 percent for host communities. For Rohingya households, this is only slightly below the severe economic vulnerability threshold of 75 percent.
- Two-thirds of Rohingya households (68 percent) and half of the households in the host community (52 percent) relied on less preferred or less expensive food for at least one day, representing the coping strategy most frequently used for both populations. More than one-third of Rohingya households (36 percent) and one-fourth of host community households (25 percent) borrowed food or relied on support from friends or relatives.
- Nearly two-thirds of Rohingya households (64 percent) had to employ at least one crisis or emergency strategy whereas one-fourth (26 percent) applied stress coping strategies. In the host community, the proportion of households resorting to stress coping strategies increased from 30 to 43 percent between 2020 and 2021. The increased use of these strategies compared to 2020 reflects the greater number of households facing inadequate resources to independently cover basic needs, likely due to the pandemic's impact on the local economy and livelihoods, and the 2021 lockdowns to control the spread of COVID-19.
- The percentage of indebted households for both populations was very high: 79 percent of Rohingya households and 77 percent of host community households. These are the highest percentages since 2019 and represent a considerable increase among registered Rohingya and host community populations with 23 and 20 percent more households reporting debt, respectively.
- Labour force participation in both communities has remained roughly equal to 2020 but REVA-5 saw heightened unemployment rates. Half of the Rohingya and 18 percent of the host community labour force were not engaged in any sort of income-generating activity. The employment rate decreased for the

Rohingya and remained at similar levels for the host community on average. This implies, income opportunities were reduced furthermore for the refugees and the host community has yet to recover from the post-pandemic economic shock.

- The proportion of Rohingya households selling part of their assistance decreased by 5 percent reaching 27 percent in 2021 – down from 32 percent in 2020. These results reflect the effectiveness of WFP’s programmatic interventions including rice capping and the scale-up of fresh foods to meet household preferences and reduce the need to sell humanitarian assistance. More than two out of three Rohingya households (68 percent) who reported selling food assistance did so in order to buy other food items of their preference, mainly fresh fish and vegetables.
- Food remains the most cited priority need for both communities (82 percent among Rohingya households versus 59 percent among host community households) driven by the need for more access to fresh food or continuation of food assistance. The need for livelihood opportunities was reported by half of the households from both communities and represents the level at which livelihoods opportunities were available but inadequate.

Introduction

Bangladesh continues to host Rohingya refugees fleeing persecution in Myanmar. The largest influx occurred in August 2017, when an estimated 726,000¹ Rohingyas arrived in Cox’s Bazar and took shelter in refugee camps in Ukhiya and Teknaf sub-districts, joining other groups of Rohingyas who had arrived since the 1970s.

From 2020, the COVID-19 pandemic has aggravated a situation that was beginning to stabilize and take on a protracted nature. It forced WFP to alter how it provides humanitarian assistance and disrupted the economy, people’s lives, and livelihoods in both the host and camp communities. COVID-19 spread rapidly in the first half of 2021 leading to new national and camp-specific lockdowns and delaying the gradual recovery started after the 2020 lockdowns.

This technical summary report highlights findings from the fifth annual Refugee Influx Emergency Vulnerability Assessment (REVA-5) conducted in October-November 2021 by the World Food Programme (WFP) and partner organizations. The main objectives of this assessment were to:

- Monitor the food security and vulnerability situation of Rohingya and host community households one year after REVA-4, following the essential needs approach;
- Estimate the level of vulnerability and food insecurity camp-by-camp;
- Understand the characteristics of the most vulnerable;
- Track movements in and out of vulnerability for panel² households and identify determinants of increased/decreased vulnerability;
- Assess the impact of COVID-19 related lockdowns, Government regulations, and assistance modality changes among Rohingya and host communities; and
- Identify priority needs and provide recommendations for addressing those needs, building resilience, and improving targeting.

¹ United Nations High Commissioner for Refugees. “Refugee Response in Bangladesh” (Dec 2021): https://data2.unhcr.org/en/situations/myanmar_refugees.

² REVA-5 data comes from a panel survey of households interviewed in December 2019 and December 2020 for the REVA-3 and REVA-4 respectively.

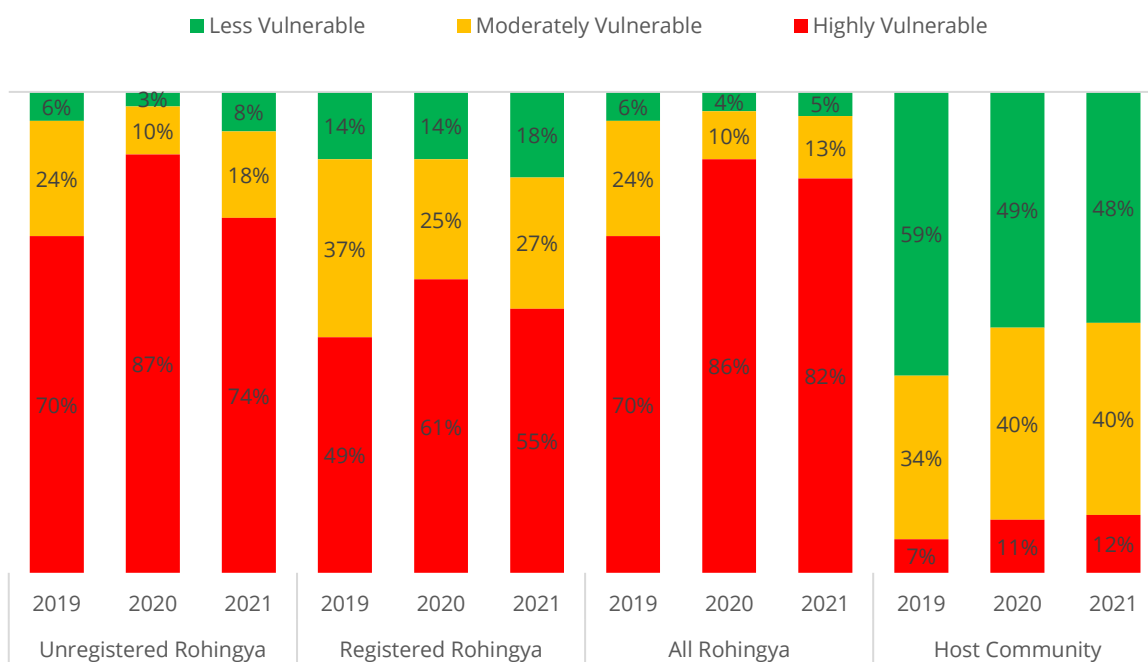
Methodology

REVA-5 covered the thirty-two makeshift camps of non-registered Rohingya refugees in Ukhia and Teknaf; the two registered camps of Nayapara and Kutupalong; and two host community Upazilas of Ukhia and Teknaf. It was designed to provide statistically representative information per each camp for the refugee Rohingya population and at each Upazila level for the host community. In this report, the analysis is presented at 2.5 percent precision for the Rohingya population and 4.5 percent for the host community. In total, 3,686 households of the Rohingya population and 963 households of the host community were interviewed.

Overall vulnerability

Compared to 2020, overall vulnerability³ remained at similar levels in 2021 among both Rohingya and host communities and higher than pre-pandemic years. For the Rohingya, 95 percent of households were found with moderate to high vulnerability, a slight decrease of 1 percent compared to 2020 (see Fig.1). The proportion of highly vulnerable Rohingya households (82 percent) reduced by 4 percent compared to 2020, driven by a slight economic recovery following the gradual reopening of economic activities by the last quarter of 2021. For the host community, vulnerability remained as high as 2020, reflecting households' limited ability to recover the economic capacity to meet essential needs (ECMEN) to reach the 2019 pre-COVID-19 levels.

Figure 1: Overall vulnerability levels (2019-2021)



³ Vulnerability is a composite WFP corporate indicator that measures the ability of the household to meet essential needs triangulated with adopted coping strategies and food security status.

Determinants of Vulnerability

By examining the determinants of vulnerability⁴ at the household level, WFP and other humanitarian actors can better understand the profile of households with high vulnerability among the Rohingya displaced population and high or moderate vulnerability within the host community, and improve programme targeting and design.

Rohingya households

Among Rohingya households, new demographic characteristics were found to significantly contribute to high vulnerability: households headed by a person with a disability; high crowding index⁵ (>2.5); households with 3 or more children below 15 years old; and households with members aged between 50 to 60.

Heads of households with below-primary schooling or no education at all demonstrate a significant probability of having a reduced amount of income in the camps causing high vulnerability, which is similar within host communities⁶. The absence of active working members in a household also is a predictor of high vulnerability. The difference between male- and female-led households remained insignificant in terms of vulnerability as a result of WFP’s general food assistance available to all Rohingya households in the camps.

Host Community

In the host community, women-led or women-headed households; households with high crowding index; and households with high dependency ratio⁷, remained highly vulnerable. New determinants found to contribute to high or moderate vulnerability were: households with a single head (single/divorced/widowed/separated person) or households where the head is a single parent; households headed by a person with a disability; households with 3 or more children under 15 years old; households with 6 or more members; households with a head with no or below primary education, and households without a male member of working age (15-49 years old) (see Table 1).

Table 1: Determinants of vulnerability for the most vulnerable households

Household Characteristics	Rohingya Community	Host Community
Demographics		
Women-led households		X
Single household head (single/divorced/widowed/separated person) or households headed by a single parent		X
Household head with a disability	X	X
Household with 1 or more members with a disability	X	
Household with children under 5 years old	X	
Household with 3 or more children (< 15 years)	X	X

⁴ Demographic identifiers, such as, sex of the head of the household; presence of household member or head with disability; household size; dependency ratio; etc., were tested for correlation with high vulnerability for the Rohingya displaced population and high or moderate vulnerability for the host community. The variables significantly correlating with vulnerability levels were set into different models of binary logistics. Variables showing significant statistical relationships were selected as identifiers of vulnerable households.

⁵ Crowding index measures the number of members against the total number of rooms for sleeping in the household with a threshold of a maximum average of 2.5 people per room to be acceptable.

⁶ The tests were significant with p=0.000 for refugees and p=0.012

⁷ Dependency ratio is the ratio of the total number of household members within the age bracket of 15 to 64 and the number of members outside exclusive of this bracket.

Refugee Influx Emergency Vulnerability Assessment (REVA-5) – Summary Report

Household with adolescent (10-19 years)	X	X
Household with 5 or more members	X	
Household with 6 or more members		X
High crowding index (> 2.5)	X	X
High dependency ratio (> 1.5)	X	X
Households with members aged between 50 and 60 years of age	X	
Economic factors		
Absence of an active working member	X	
Absence of an active male working member		X
Absence of male member of working age (15-49 years)	X	X
Educational factors		
Head of the household having no education or below primary education	X	X

Expenditure patterns and economic vulnerability

Average expenditure levels: In 2021, overall monthly expenditure for cash purchases only had increased slightly within host community and Rohingya households (by BDT 145 and BDT 152 per capita respectively), as compared to 2020. However, Rohingya households spent significantly less per month – BDT 887 (US\$10)⁸ per capita – than host community households, who spent on average BDT 2,523 (US\$29) per capita per month – these differences were also found in 2020. By adding the imputed value of humanitarian assistance, aggregate expenditures for Rohingya households rise to BDT 2,181 (US\$25) per capita per month and 2,592 (US\$30) for host community households, which demonstrates the importance of humanitarian assistance in supporting the essential needs of vulnerable households.

Expenditure patterns: Expenditure patterns remained in line with trends observed during previous years for both populations. Food continued to constitute the highest share of monthly expenditure – 71 percent for Rohingya households and 65 percent for host community households (see Fig.2 & Fig.3). Including the value of assistance, the share of the monthly budget spent on food decreased for Rohingya households from 77 percent in 2020 to 71 percent in 2021, with increased allocation of resources to medical care (3 percent increase from last year). Monthly expenditure on cereals, mainly rice, was observed to be the main food component for both Rohingya and host community households, while medical care and fuel comprised the highest shares of non-food expenditure.

⁸ US\$1 = BDT 88.5

Figure 2: Breakdown of expenditure in Rohingya households (including assistance)

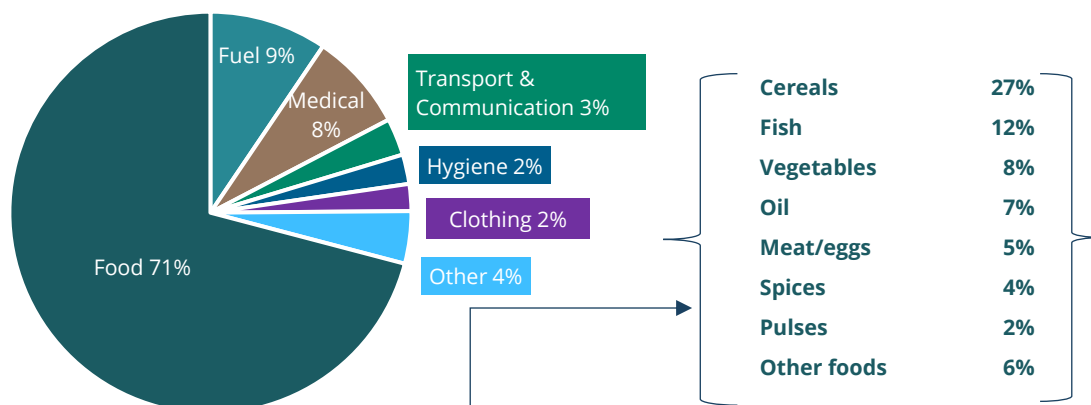
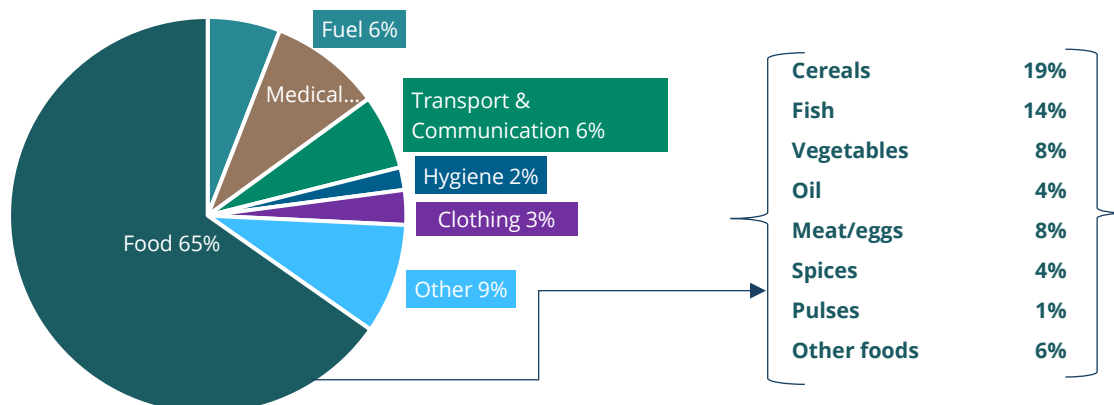


Figure 3: Breakdown of expenditure in host community households (including assistance)



Economic vulnerability: The levels of economic vulnerability⁹ remained high in the camps despite the provision of humanitarian assistance: 51 percent of Rohingya households had expenditure below the minimum expenditure basket (MEB)¹⁰, a 2 percentage point deterioration from 2020. Economic vulnerability among registered refugees deteriorated, increasing from 23 percent to 38 percent between 2020 and 2021. However, unregistered Rohingya households remain the most economically vulnerable (51 percent) given limited economic opportunities in the camps and depletion in the savings they may have had upon arrival.

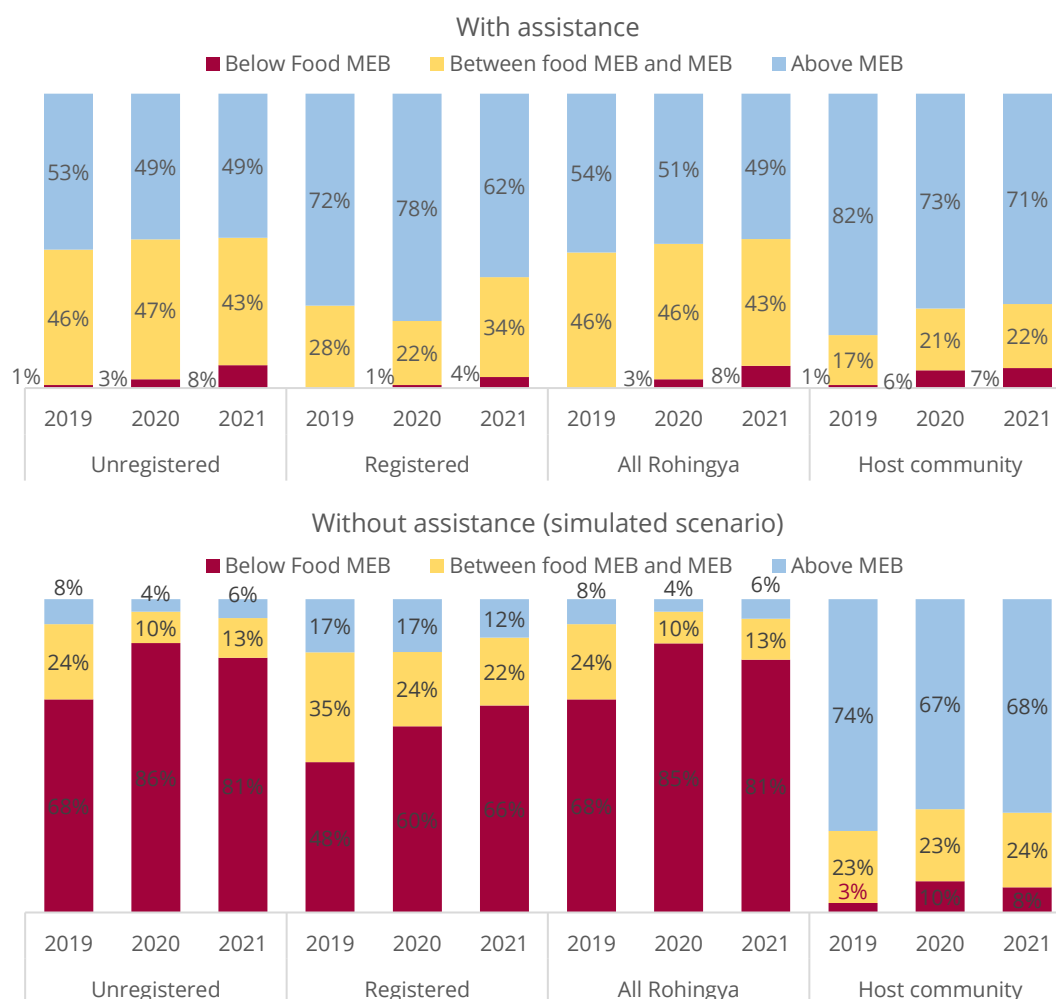
To better understand the impact of humanitarian assistance on economic vulnerability, a simulated scenario discounting the value of assistance demonstrated a significant increase in economic vulnerability, resulting in 94 percent of Rohingya households consuming below the MEB. These results highlight the critical role of humanitarian assistance; without it, almost all households would be unable to cover their minimum consumption needs.

Economic vulnerability among host community households remained high in 2021 at 32 percent, a slight decrease of 1 percent compared to 2020 while remaining greater than the 2019 pre-COVID-19 level (26 percent), reflecting the pandemic’s continued economic impacts at the household level.

⁹ Households’ economic capacity to meet essential needs (ECMEN) was determined by estimating the proportion of households with consumption above and below the minimum expenditure basket (MEB).

¹⁰ MEB is what a household requires to meet their essential needs, on a regular or seasonal basis, and its average cost. MEB value was updated according to inflation rates for food and non-food items in August 2021.

Figure 4: Economic vulnerability levels with and without assistance (2019-2020)

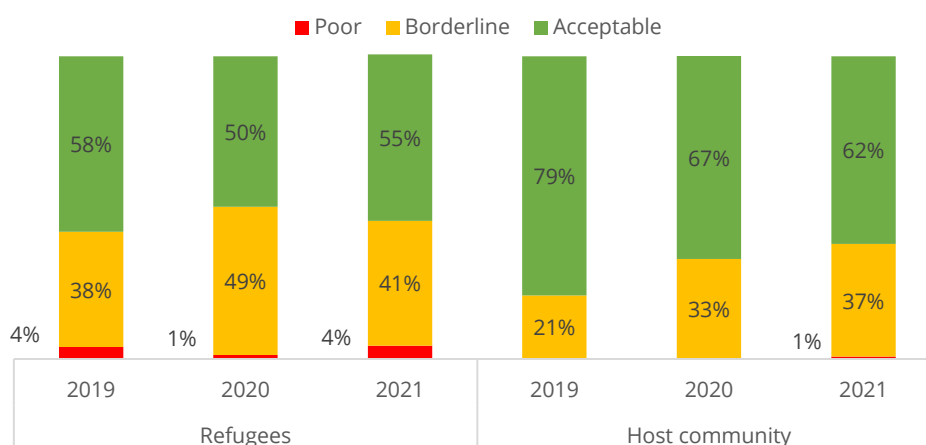


Food consumption

In 2021, the proportion of Rohingya households with inadequate food consumption (poor and borderline) fell slightly to 45 percent, compared to 50 percent in 2020. While this marks a slight improvement, inadequate food consumption remains higher than the 2019 (pre-COVID-19) level of 42 percent. Further, levels of poor food consumption among Rohingya households increased from 1 to 4 percent between 2020 and 2021. In the host community, inadequate food consumption worsened in 2021 reaching 38 percent (see Fig.5), due to an increase in the proportion of households with borderline food consumption. This highlights the continued challenges host communities were facing in meeting their food consumption needs since the pandemic began and their slow recovery from job and livelihood losses.

Food consumption levels were similar between women and male-led Rohingya households given WFP’s standardized assistance entitlements. Within the host community, however, a higher proportion of women-led households reported having inadequate food consumption as compared to male-led households (48 versus 36 percent, respectively).

Figure 5: Food consumption score for Rohingya and host community (2019-2021)



Household dietary diversity¹¹ remains comparable in 2021 with 2020 levels for both Rohingya and host community households. On average, Rohingya households consumed 5.0 food groups during a week, while the host community consumed 5.2 groups.

Food consumption frequency¹² was similar among Rohingya and host community households with staples and oil being consumed daily. Since pulses are part of the humanitarian e-voucher food assistance, more frequent consumption of pulses was seen among Rohingya households (2.5 days per week) compared to the host community (1.7 days per week). The host community, on the other hand, had greater consumption of animal proteins and vegetables (4.3 and 4.6 days per week respectively) as compared to Rohingya households (3.5 and 4.1 days per week respectively) as a result of higher income and better access to fresh products through markets and own production.

In 2021 Rohingya households had better vegetable consumption frequency compared to 2020 (4.1 versus 3.6 days per week); while in the host community, vegetable consumption remained the same (4.6 days per week). For animal proteins, sugar, and fruits, higher consumption was seen among Rohingya households this year, but the consumption frequency remained comparable to 2020 levels in the host community.

¹¹ Refers to the overall number of different food groups (staples, pulses, animal proteins (meat/fish/eggs), dairy, vegetables, fruits, and oil) consumed in the 7 days prior to the assessment.

¹² Consumption frequency is defined as the average number of days each food group is consumed at the household level in the 7 days preceding the survey. Food groups considered: staples, pulses, animal proteins (meat/fish/eggs), dairy, vegetables, fruits, oil, and sugar.



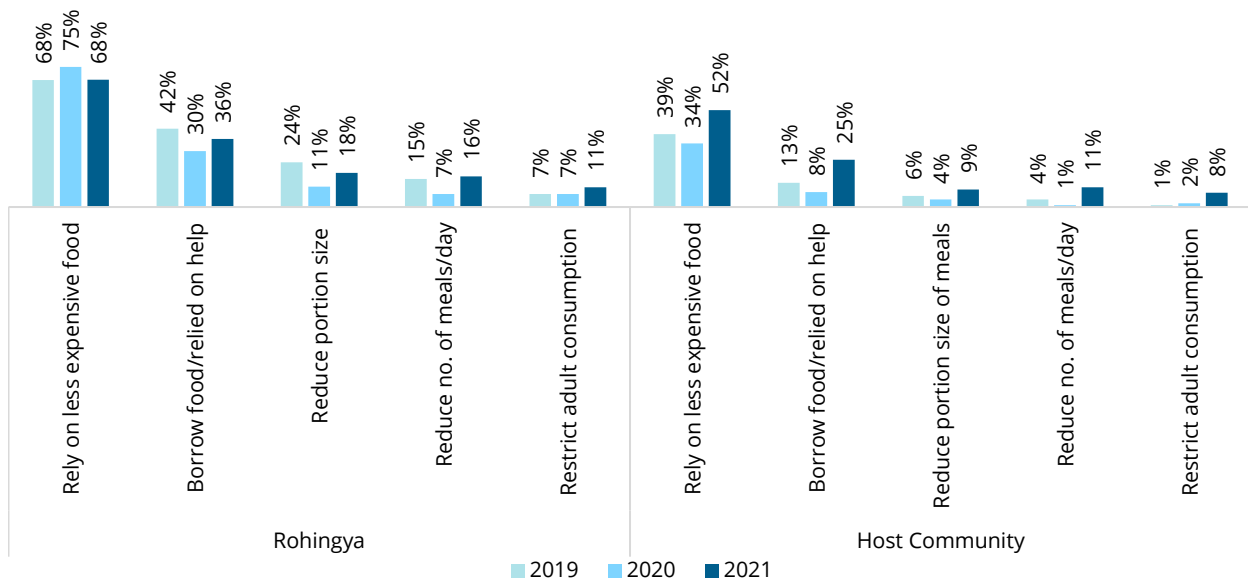
Coping mechanisms

Consumption-based coping: Both Rohingya and host community households are struggling to put food on the table and are frequently resorting to negative coping strategies to meet their food need. In the week prior to the REVA-5 survey, about two-thirds of households in the camps (68 percent) and half of the households in the host community (52 percent) relied on less preferred or less expensive food for at least one day, representing the coping strategy most frequently used for both populations. More than one-third of Rohingya households (36 percent) and one-fourth of host community households (25 percent) borrowed food or relied on support from friends or relatives. In the camps, 18 percent of households reduced portion sizes for meals versus 9 percent in the host community, and 16 percent of Rohingya households versus 11 percent of host community households reduced the number of meals per day. Eleven percent of households in the camps and 8 percent in the host community had to restrict adult consumption for children to eat at least one day in the week prior to the survey.

In both communities, the proportion of households employing each of the food-based coping strategies increased compared to 2020, apart from the reliance on less preferred or less expensive food, which was reduced in the camps, most likely reflecting WFP's return to the e-voucher assistance modality.¹³ Still, the proportion of households employing each strategy was significantly higher in camps than in the host community, except for the restriction of adult food consumption for which the difference was not significant.

¹³ During the first pandemic lockdown in 2020, WFP temporarily transitioned refugees from e-vouchers to a commodity voucher, where households picked up a pre-assembled food basket to prevent the time spent in WFP assistance sites.

Figure 6: Consumption-based coping strategies for Rohingya and host community (2019-2021)

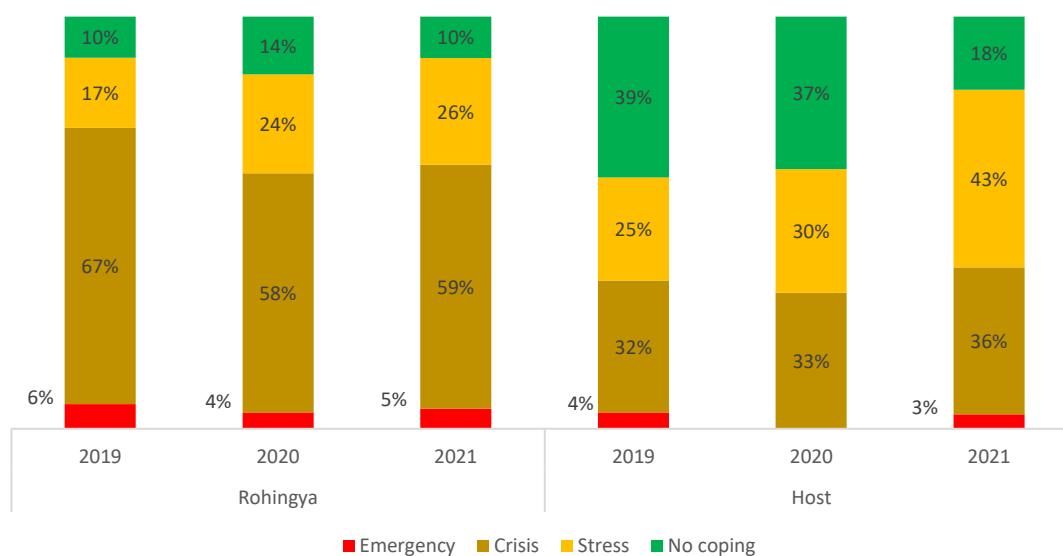


Livelihood-based coping: Nearly two-thirds of Rohingya households (64 percent) had to employ at least one crisis or emergency strategy whereas one fourth (26 percent) applied stress coping strategies (see Fig.7). In the host community, the proportion of households resorting to stress coping strategies increased from 30 to 43 percent between 2020 and 2021, including borrowing money (33 percent increase) and buying food on credit (14 percent increase). The increased use of these strategies compared to 2020 reflects the greater number of households were going through heightened hardship to meet their essential needs, likely due to the pandemic’s impact on the local economy and livelihoods, and the 2021 lockdowns to control the spread of COVID-19.

Results also showed a slight increase in the proportion of host community households employing crisis or emergency coping strategies (both 3 percent higher than in 2020), such as relying on community support as the only livelihood source (9 percent higher) or child work (2 percent higher). Despite this increase in coping behaviour, the percentage of host community households engaging in crisis or emergency strategies (39 percent) still was significantly lower than in the camps (64 percent). Meanwhile, the proportion of host community households who only engaged in stress coping strategies or who did not report using any strategy (43 and 18 percent, respectively) was correspondingly higher than in the camps (26 and 10 percent).

Among both groups, food needs continued to be the rationale for resorting to livelihood coping strategies, followed by healthcare requirements.

Figure 7: Livelihood-based coping strategies for Rohingya and host community (2019-2021)



Credit: At the time REVA-5 was conducted, 79 percent of Rohingya households and 77 percent of host community households had debts. These are the highest percentages since 2019 and represent a considerable increase, especially among registered Rohingya and host community populations with 23 and 20 percent more households reporting debt, respectively. For both communities, households contracted debts mainly to cover healthcare followed by food expenses, which reflects the difficulties households faced in covering their basic needs by their own means.

In the camps, the proportion of households contracting debts to cover health needs continued to increase, from 36 to 52 percent between 2020 and 2021, while those going into debt to cover food needs continued to decrease from 55 to 42 percent. Conversely, the proportion of host community households taking on debt to cover food needs increased from 31 percent in 2020 to 36 percent in 2021, while other non-food reasons slightly decreased, especially debts for financing businesses.

Livelihoods and self-reliance

Labour force participation¹⁴ in both communities has remained roughly equal compared to 2020 despite heightened unemployment rates evidenced in REVA-5 (Table 2). In the Rohingya community, 36 percent of people were found engaged in the labour force (those who were working and willing to/looking for work), 2 percentage points lower than 2020. This implies the bare minimum income opportunities since 2017 were reduced further for the refugee population due to the government restrictions on livelihoods. Out of the 36 percent of people engaged in the labour force, 18 percent were employed and 18 percent unemployed. The employment rate decreased for the Rohingya and remained at similar levels for the host community on average as compared to 2020, portraying that the host community has yet to recover from the post-pandemic economic shock. Half of the Rohingya labour force was not engaged in any sort of income-generating activity, while for the host community it was 18 percent.

¹⁴ Labour force is defined as the proportion of the population who worked or looked for work/had the willingness to work during the last 7 days prior to the survey. The presence of such members in the household is then converted to “% of labour force (%HH)” to show the proportion at the household level.

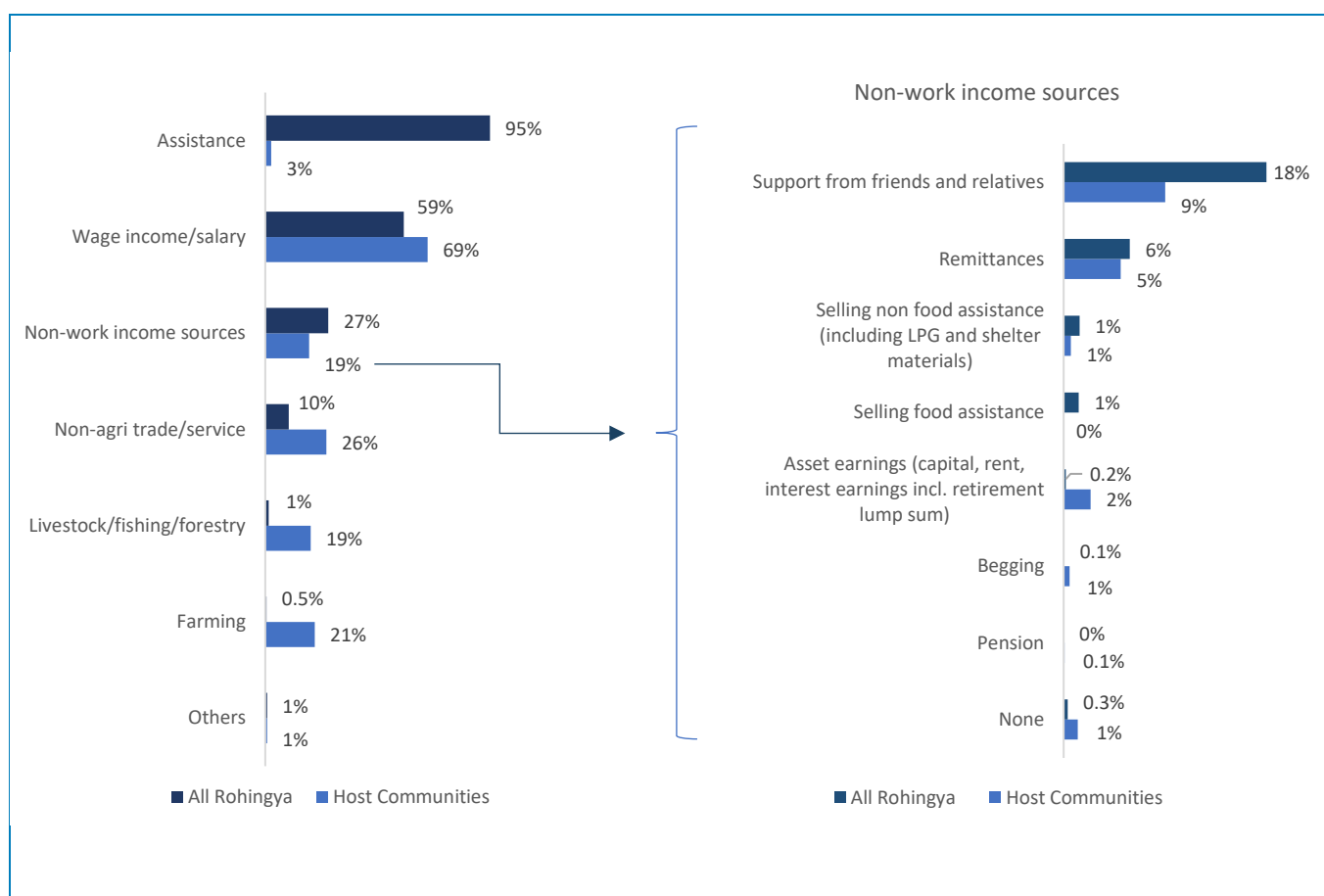
Table 2: Labour force indicators in 2021

		Rohingya community		Host community	
		2020	2021	2020	2021
Labour force participation (population level)		38%	36%	42%	44%
% of labour force (%HH)	Employed	58%	50%	86%	82%
	Unemployed	42%	50%	14%	18%
% of overall population	Employed	22%	18%	36%	36%
	Unemployed	16%	18%	6%	8%

Sectorial involvement¹⁵

Almost all Rohingya households reported WFP e-voucher assistance as their main income source, compared to only 3 percent in the host community households reporting humanitarian assistance as providing their main income. More than a quarter (27 percent) of income in the camps came from non-work sources, out of which 10 percent came from negative coping activities, such as support from friends, the selling of assistance, and begging. Wage income/salaried work followed by non-agricultural trade or services-based income had the highest share for work-based income sources for host communities.

Figure 8: Types of income sources reported in Rohingya and host communities



¹⁵ Sectorial involvement is measured by asking the respondent of the household to identify the major sources of income that any of the household members had engaged in the past 30 days prior to the survey which is different from labour force participation in terms of recall period and representation level (sectorial involvement can provide information on the household level only). Unlike labour force participation, sectorial involvement provides insight into the overview of the income sources available/accessible in an economy.

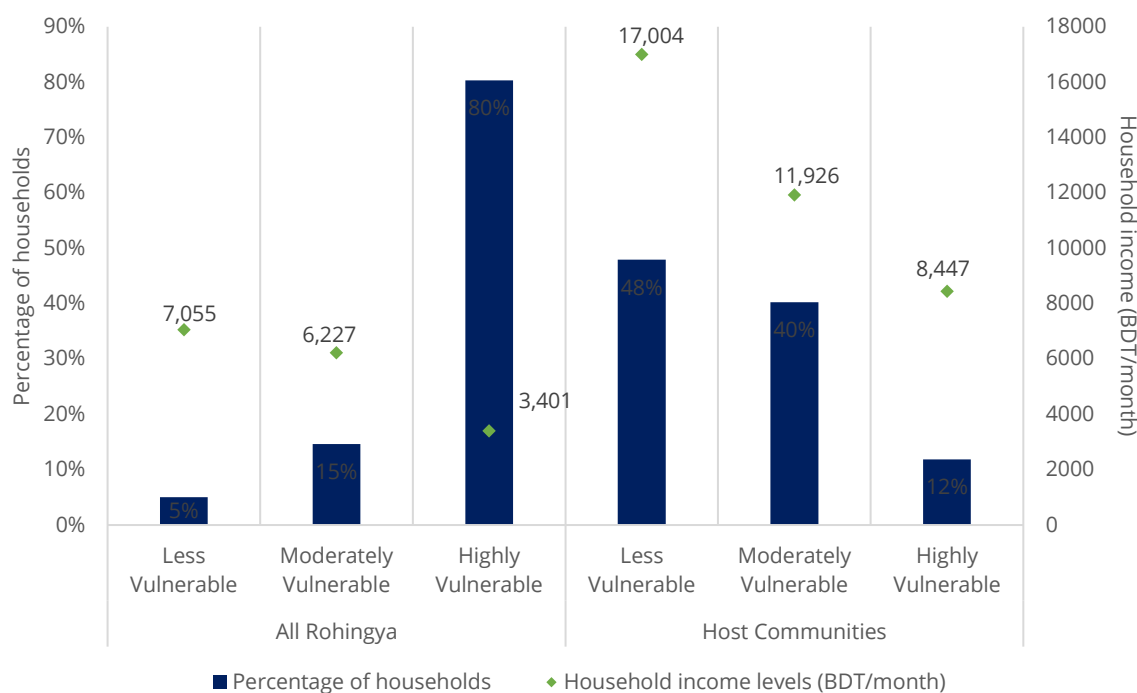
Rohingya households reported earning BDT 3,962 (US\$ 45) per month through salaried work whereas host community households reported up to 3.5 times greater income (BDT 13,950 or US\$ 158) from salaried work. Rohingya's lower earnings compared to the host community was caused by lower wage rates and fewer days of work available.¹⁶

About 33 percent of Rohingya households versus a paltry 4 percent of households in the host community had no reliable income sources other than assistance in the past 30 days prior to the survey. The difference is also pronounced between unregistered Rohingya and registered refugee households where about 33 percent of unregistered Rohingya households versus 20 percent registered refugee households had no reliable income sources other than assistance. This reflects the difference of livelihood access and opportunities that registered refugees have which allow them to interact with the host economy outside the camps.

Livelihoods and vulnerability levels

Eighty percent of the identified highly vulnerable Rohingya households had an average monthly income of BDT 3,401 (US\$ 39) or less. While 12 percent of the highly vulnerable host community households reported an average monthly earning of BDT 8,447 (US\$ 95) or less (see Fig.9). Humanitarian assistance plays a critical role in offsetting the huge difference in income earnings between the two communities and supporting vulnerable Rohingya households to meet their basic needs. In both communities, a high vulnerability was found associated with coping-based income (seeking or taking support from friends, relatives or neighbours; selling assistance; begging). A low vulnerability was associated with monthly salaried jobs in both communities and especially for; farming, non-agricultural trade and service-related jobs; and livestock- and fisheries-related jobs in the host communities. Household heads with no education or below primary education were found with significant low per capita income (around 300 BDT lower) compared to the household heads with primary or above primary education.¹⁷

Figure 9: Household incomes levels for different vulnerability categories



¹⁶ REVA-4, 2020.

¹⁷ Pearson's chi-squared test, refugees p=0.000 and host communities p=0.012

Assistance

Overall, 68 percent of host community households reported receiving at least one form of assistance in 2021 – showing a decrease from 2020 (75 percent), when COVID-19 response and scale-up of humanitarian assistance was introduced. About one out of five host community households (21 percent) reported receiving assistance in the form of liquefied petroleum gas (LPG); vulnerable group development assistance (VGD) (18 percent), and general relief for COVID-19 programmes provided by the Government (18 percent).

For the Rohingya camps, blanket food assistance covered all Rohingya households and 87 percent of households received hygiene kits in the month before REVA-5 was conducted.



A Rohingya refugee making face masks in a self-reliance skills training centre. WFP/Sayed Asif Mahmud

Sale of assistance

In 2021, 27 percent of overall Rohingya households sold part of their food assistance, a 5 percentage point decrease from 2020. These results reflected the effectiveness of WFP's programmatic interventions including the shift to e-voucher from commodity voucher, rice capping and the scale-up of fresh foods to meet household preferences and reduce the need to sell humanitarian assistance.

More than two out of three Rohingya households (68 percent) of those who reported selling their food assistance did so in order to buy other food items of their preference, mainly fresh fish and vegetables (44 percent and 38 percent respectively) (see Fig. 10). Another common reason for selling assistance was covering for other non-food needs, such as healthcare and transportation (7 percent for each).

For the most part, the selling of food rations takes place in the camps. Almost half of Rohingya households selling assistance sold it to unknown middlemen inside the camps near e-voucher outlets or locality (48 percent). Meanwhile, a quarter sold it to neighbours or relatives and 15 percent sold it to traders in camp-based markets. The food items most frequently reported as sold were oil, followed by rice and sugar (see Fig. 11). More than 90 percent of households selling assistance reported that the proportion of food assistance that they sold was less than 25 percent of their total food ration.

Figure 10: Percentage of food items bought by households after selling food entitlements

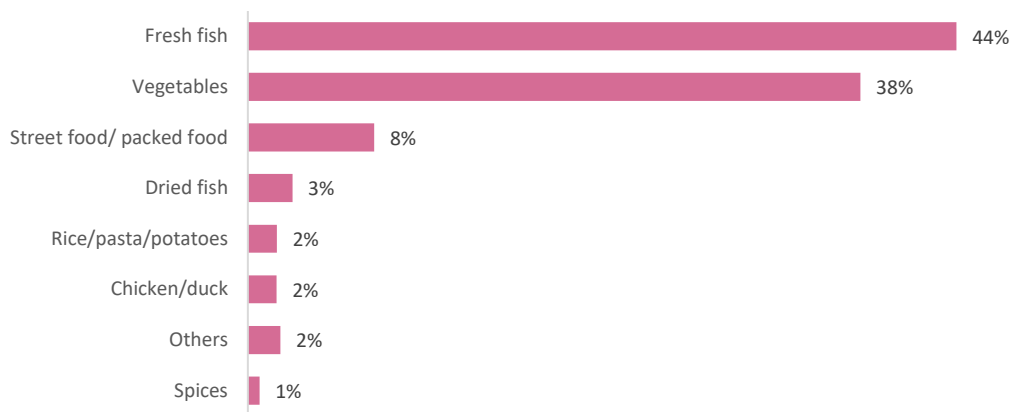
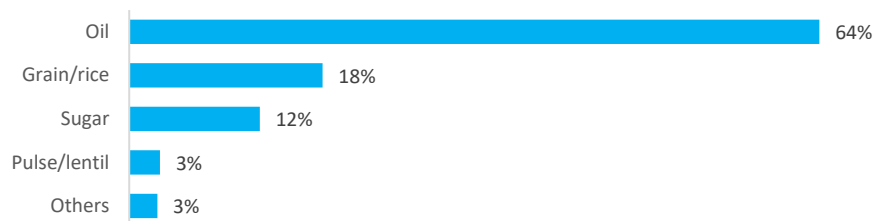
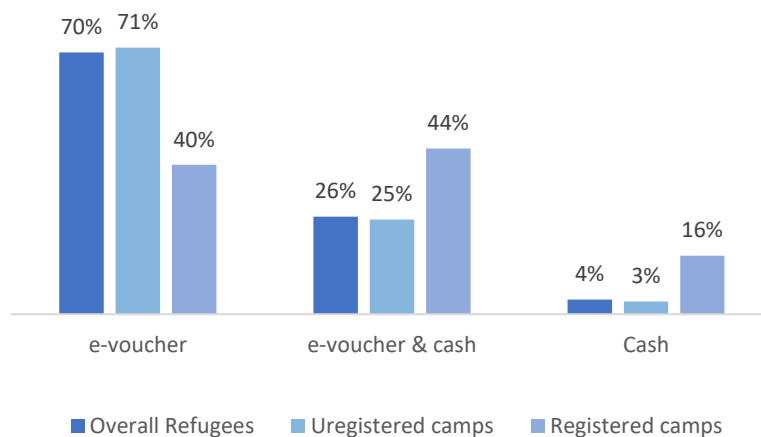


Figure 11: Percentage of food items sold by households engaged in assistance selling



Preference of assistance modality: Among Rohingya households, 70 percent indicated a preference for e-voucher assistance only, followed by 26 percent preferring a hybrid of e-voucher and cash assistance and 4 percent preferring a cash-only modality. Different findings emerge, however, when data is disaggregated by registered or unregistered Rohingya households. As presented in Fig. 12, households in unregistered camps have similar preferences as the Rohingya overall, however, while households living in registered camps indicated a higher preference for a hybrid of e-voucher and cash assistance (44 percent), followed by e-voucher assistance only (40 percent), and cash only (16 percent).

Figure 12: Preference of assistance modality in Overall Refugees, Registered and Unregistered camps.

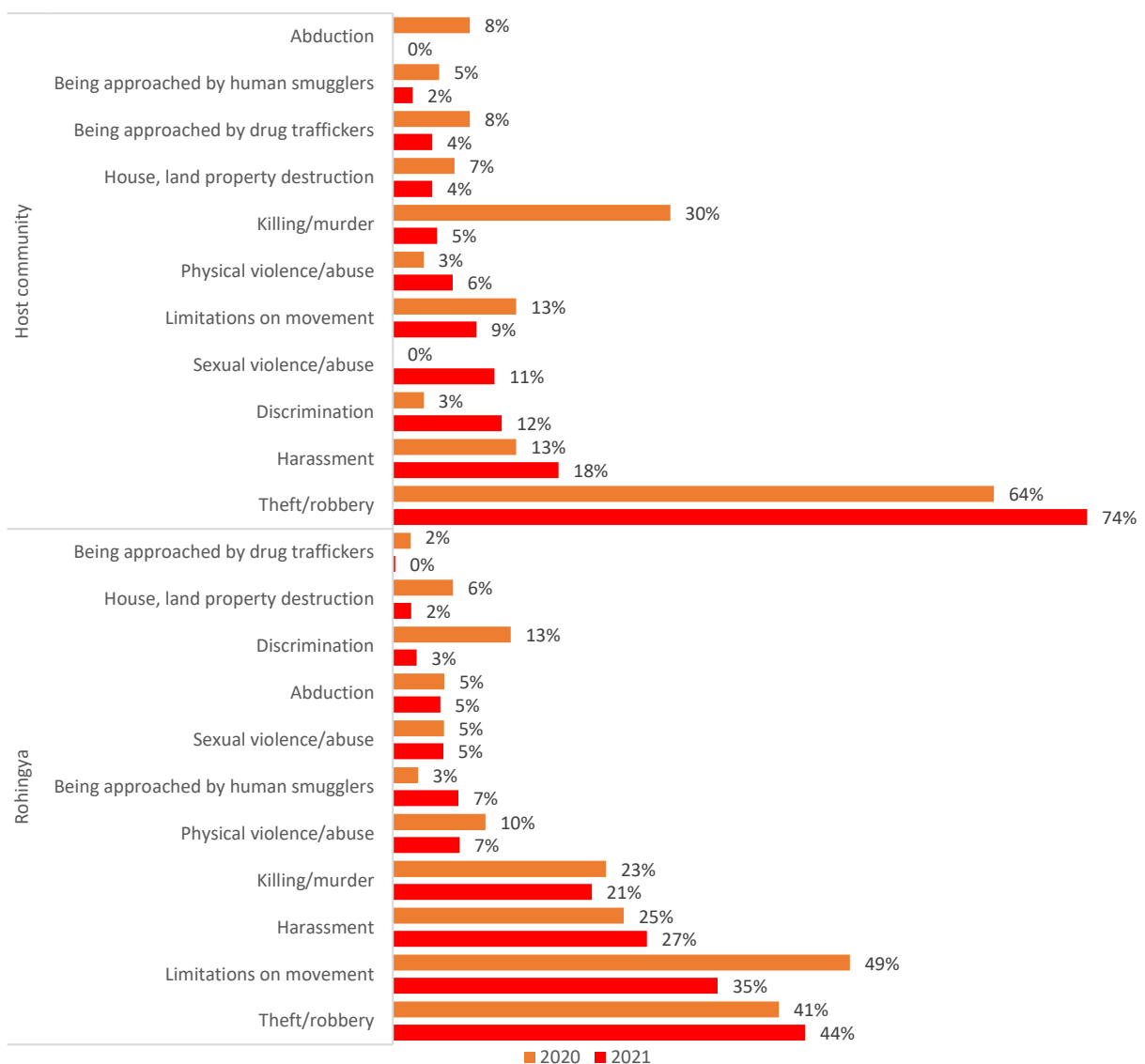


Protection

In both Rohingya and host communities, 13 percent of households reported safety concerns that affected freedom of movement for at least one household member or their access to food, livelihoods or services. This reflects an improvement in the safety situation in the camps, which returns to the pre-Covid-19 levels, mainly driven by a reduction in the proportion of Rohingya households reporting limitations of movements between 2020 and 2021 (from 49 percent in 2020 to 35 percent), and discrimination which dropped from 13 to 3 percent over the same period. In the camps, the most frequently reported security concerns were thefts and robberies (44 percent), movement limitations (35 percent), harassment (27 percent) and killings (21 percent).

In the host community, the types of safety concerns reported have changed compared to 2020. Households reporting concerns about killings or murders significantly decreased from 30 percent in 2020 to 5 percent in 2021. The most frequently reported safety concerns in the host community were thefts and robberies (74 percent in 2021 – 10 percent more than in 2020), followed far by harassment (18 percent in 2021 – 5 percent more than in 2020), discrimination (12 percent in 2021 – 9 percent more than in 2020) and sexual violence/abuse (11 percent up from 0 percent in 2020).

Figure 13: Main security concerns reported by households experiencing safety concerns (2020-2021)



Health

The proportion of Rohingya households facing barriers to health care access was similar to the year 2020 at 48 percent. The issue was found to be significantly more pronounced in the non-registered camps (49 percent) compared to the registered camps (27 percent), however, it had reduced from 47 to 39 percent in the host community.

In the thirty days prior to REVA-5, the number of households with at least one sick family member had increased notably in 2021 compared to 2020, increasing from 63 to 86 percent in Rohingya households and up from 70 to 88 percent in the host community. Symptoms with the highest reported increase were: fever (16 percent higher for both populations); COVID-19 like symptoms such as shortness of breath, dry cough, or fever (up 12 percent in the camps and 10 percent in the host community); upper respiratory infections (up 8 percent in the camps); and gastritis and abdominal pain (up 5 percent in the camps and 6 percent in the host community). These results pointed to COVID-19 as the main driver of the worsening health situation in both communities.

Satisfaction and self-reported priority needs

Satisfaction with services:

In the Rohingya community, satisfaction with services increased for all sectors except for cooking fuel, where satisfaction diminished by 7 percent from 2020 to 2021. The core reasons behind the reduction were identified to be: insufficient quantity especially during winter; distance to distribution site or lack of sufficient points of distribution; and additional cost of transportation and/or carrying cost for labour specially incurred by women or elderly. The highest satisfaction was observed in regard to information dissemination in aid delivery at 64 percent (a 13 percent increase compared to 2020), followed by the provision of safety and safety-related services at 58 percent (a 19 percent increase), and food assistance at 57 percent (a 32 percent increase). This reflected the continued efforts taken to provide timely and up-to-date information on assistance, and increased efforts to ensure safety-related services. Satisfaction with food assistance rose, likely due to the continuation of e-voucher assistance instead of commodity vouchers.

In the host communities, dissatisfaction with services increased across all following sectors: cooking fuel, safety, protection, gender-based violence related services, and shelter (each increased by 26 percent). Dissatisfaction with non-food items distributed, livelihoods, education, and food assistance each increased by more than 20 percent, indicating the need for more effective assistance mechanisms in the host community.

Priority needs:

Food remains the most cited priority need for both communities (82 percent, a 6-percentage point reduction from 2020 among Rohingya households versus 59 percent, a 2 percentage point increase from 2020 among host community households). The need for livelihood opportunities was observed by half of the households from both communities. Among Rohingya households, food-related concerns were dominated by households' desire for more fresh foods and the continuation of food assistance. The desire for greater livelihood opportunities for both communities indicated where opportunities were available but not adequate.

In the host community, priority needs included shelter, sanitation and hygiene, cooking fuel, and health care by virtue of having better access to markets and livelihoods.

Recommendations

As the Rohingya crisis evolves and becomes more protracted, needs are increasingly becoming diverse and complex. The long-term humanitarian responses call for a review of the response modalities currently in place and a rethink of humanitarian strategies. Greater emphasis should be placed on strengthening linkages between sectors with a drive towards an integrated approach to enable meeting the essential needs of affected populations.

Food assistance (camps and host community)

Currently, there is no alternative to blanket food assistance due to high vulnerability levels and refugees' low economic capacity to meet essential needs given very limited livelihoods opportunities in the camps. Recommendations include: the revision of WFP's e-voucher value based on a new MEB (updated from the current one developed in 2018) to account for changes in consumption patterns as well as price changes after COVID-19; continuing to drive the expansion of Fresh Food Corners; scaling up self-reliance programmes to increase households' ability to cover essential needs and exploring assistance alternatives, as well as conducting sensitization to optimize the use of WFP assistance provided and generating further evidence on food needs coverage at the individual level.

Fresh Food Corners (FFCs) have proven successful in improving food consumption outcomes, particularly the increased intake of micronutrients. Scaling up FFCs will: ensure proper food consumption from WFP assistance; mitigate the need to sell assistance to obtain fresh foods from local markets; and systematically integrate a larger share of local smallholder farmers into the aid ecosystem, creating livelihoods for host communities. The proportion of Rohingya households selling part of their assistance decreased by five percentage points between 2020 and 2021, falling to 27 percent, which reflects the effectiveness of WFP programmatic interventions, including rice capping and the scale-up of fresh foods to meet household preferences.

Nutrition

Scaling up existing programmes (e.g. vertical vegetable gardening; livestock production) which promote the consumption of nutrient-dense foods are effective ways to improve nutrition among Rohingya households. Increasing the availability of food items rich in vitamin A, proteins and, most importantly, haem iron in WFP's e-vouchers outlets and Fresh Food Corners would help boost micronutrient intake. Continued nutrition messaging and social behavioural change communication (SBCC) activities/efforts with partners in the camps and host communities is also necessary to promote the consumption of more animal protein, fruits and other iron-rich foods which are critical to improving household diet diversity and nutrition outcomes.

Needs-based and evidence-based targeting

The vulnerability among Rohingya households and their heavy reliance on humanitarian assistance confirms the adequacy of the current blanket assistance. While blanket assistance continues, WFP and UNHCR could jointly explore possibilities of harmonized eligibility criteria for current UNHCR and WFP programmes as a pilot for a joint targeting approach to ensure the humanitarian interventions are aligned with the level of essential needs. Targeting based on vulnerability profiles ought to be implemented for Rohingya households in the registered camps, which opt-out from WFP blanket assistance.

Having a single digitalized integrated database merged with the UNHCR database would contribute to better programme design, and more accurate targeting, beneficiary management and impact assessments.

Community workfare beneficiaries who benefit from Fresh Food Corners and/or targeted nutrition assistance were found less likely to be highly vulnerable, showing that targeting households with hybrid modalities is a

successful strategy for reducing vulnerability. Indeed, offering just one standard type of assistance mechanism is not a sustainable solution for reducing vulnerability as it doesn't address the varying needs across different vulnerability profiles.

Self-reliance (Rohingya community) and livelihood opportunities (host community)

Rohingya refugees are not allowed to work in Bangladesh, and half of Rohingya households were not engaged in any income-generating activities. Self-reliance interventions have been limited by: COVID-19 restrictions; delays in approvals from camp authorities which sometimes led to planned activities not being implemented. Also, there are response-wide limitations on the number of days refugees can work (maximum 16 days in a month and 90 days in a year). Scaling vocational and skills training, and socio-economic empowerment and self-reliance activities with special attention to uneducated and unskilled persons, youth and women in the camps and host communities - is critical to enhancing access to economic opportunities.

Self-reliance and livelihood activities ought to rely on better targeting criteria and consider the diversity of the camp and host community populations in terms of their different capabilities. Such programmes should have a lens on the childcare needs of single parents and disabled persons whose participation incurs a higher opportunity cost relative to non-disabled participants; and the effects of the trauma experienced by most people. All these are exogenous factors that could impede effective participation in self-reliance and livelihood programmes.

School feeding

The outbreak of COVID-19 in March 2020 led to a closure of all learning centres, leaving 325,000 children without access to education. While remote learning was not possible due to restrictions in internet and communication technology in the camps, WFP continued to provide children with biscuits through blanket distribution to Rohingya households across the camps. Learning centres then partially reopened in the third quarter of 2021, allowing on-site biscuit distribution to resume. Provision of fortified biscuits or take-home rations to children has shown to have a positive impact on children's attendance and health outcomes, and ought to be continued.

Unrestricted cash-based interventions

Large scale cash assistance is not allowed in the camps due to government restrictions. Recommendations include the generation of context-specific evidence on the impact and risks of cash interventions as a key advocacy tool with the host government; and market assessments to allow regular monitoring of the MEB and household purchasing power. Pilot projects, wherein one or more small groups receive some sort of cash assistance, may lead to an increased understanding of the use of cash and its benefits as a humanitarian assistance modality. Lessons learnt from future interventions in Bhasan Char can also be used for further advocacy.

Monitoring

Monitoring the food security and essential needs status in camps and host community remains crucial for ensuring the assistance provided covers with the essential needs of populations. If the COVID-19 pandemic lessens in severity, allowing humanitarian operations to resume and expand, a certain improvement is expected in camps and the host community. However, with diminished coping capacity and a high dependence on humanitarian assistance and/or casual labour, vulnerability to future shocks will remain high, especially or even more so as the monsoon season approaches. Government restrictions on livelihood opportunities persist for the Rohingya community so close monitoring of how their food security evolves in the coming months is necessary.

Host communities and social cohesion

Greater advocacy is recommended for livelihoods and self-reliance activities which strengthen linkages between the refugee and host communities. Evidence building on social cohesion between and within the two populations can assist in this regard. Incorporating conflict sensitivity and a social cohesion lens into every stage of the WFP response is recommended to introduce a social cohesion perspective across the programme cycle.

Protection, gender, and accountability mechanisms

An increase in theft and robbery has arisen from people's lack of economic capacity to meet dire needs. Including community members in decision-making processes should continue or increase/be stepped up. Leveraging the existing community engagement systems in place, an agile community feedback and response mechanism should be developed to consolidate information from diverse feedback channels, act on the issues raised and close feedback loops effectively.



For more information, please contact:

World Food Programme – Cox’s Bazar

Senior Emergency Coordinator: Sheila Grudem

Deputy Emergency Coordinator (Programme): Kojiro Nakai

Head of Vulnerability Analysis and Mapping (VAM) unit: Takahiro Utsumi

World Food Programme – Regional Bureau for Asia and the Pacific

Senior Regional Adviser: Nicolas Bidault

Food Security Sector – Cox’s Bazar

Food security sector coordinator: Pramila Ghimire

World Food Programme – Cox’s Bazar

VAM Analysis Team:

Hagar Ibrahim

Mahathir Sarker

Susana Moreno

Takahiro Utsumi