Refugee Influx Emergency Vulnerability Assessment (REVA-5)

Technical Report
June 2022

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Acknowledgements

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The REVA report was prepared by Mahathir Sarker, Hagar Ibrahim and Takahiro Utsumi (VAM, Cox's Bazar).

Executive summary

- Overall vulnerability levels have remained alarmingly high since 2019 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) and 2019 (94 percent), with a gradual increase from 2017 (80 percent). These results reflect the slow economic recovery of an already fragile population with neither income sources nor livelihood opportunities.
- Overall vulnerability in the host community has shown an upward trend since 2017 and has remained high since 2020, with 52 percent of the population moderately to highly vulnerable in 2021 compared to 51 percent in 2020. The main drivers were economic contraction and decline in economic activity across most sectors causing reduced income opportunities and market volatility 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 2019 pre-COVID-19 levels (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 since the onset of the pandemic.
- A simulated scenario, discounting the value of assistance, showed that economic vulnerability would remain high with 94 percent of Rohingya households consuming below the Minimum Expenditure Basket (MEB). This reflects 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 MEB. Compared to 2020, economic vulnerability has slightly increased among Rohingya and host communities (by 2 percent each). This implies a significant dependency on humanitarian assistance. This also indicates that the assistance is only able to offset part of household needs because of the population's underlying fragility and market volatility.
- The monthly expenditure share 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 potential 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 that income opportunities were reduced further for the refugees, while 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 food, in meeting household preferences and reducing the sale of humanitarian assistance. Out of the 27 percent of all households who sold part of their assistance, approximately two thirds (40 percent of population in total) 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 greater 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 livelihood opportunities were inadequate, especially for unregistered Rohingya households.
- The resilience of Rohingya and host communities remain very low with about 60 percent of refugee and 50 percent of host community households presenting low resilience scores. The absorptive capacity (i.e., capacity to bounce back after a shock) was the dimension where the largest share of households with low resilience levels was found.

Recommendations

As the Rohingya crisis evolves and becomes more protracted, needs are becoming increasingly diverse and complex. The long-term humanitarian response requires 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 consolidate disaggregated data based on gender and disability. This will improve targeting, evidence-based programme design and decision-making, and ultimately enable humanitarian actors to meet 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 livelihood 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 (FFC); scaling up income-generating programmes to increase households' ability to cover essential needs and exploring assistance alternatives, as well as conducting sensitization programmes to optimize the use of WFP assistance and generating further evidence on the coverage of food needs at the individual level. FFCs have proven successful in improving food consumption outcomes, particularly the increased intake of micronutrients and iron-rich food, which improved from 22 percent in 2020 to 16 percent. 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 food to meet household preferences. Scaling up FFCs will: ensure proper food consumption from WFP assistance; mitigate the need to sell assistance to obtain fresh food from local markets; and systematically integrate a larger share of local smallholder farmers into the aid ecosystem, creating livelihoods for host communities.

Nutrition

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

Needs-based and evidence-based targeting

The high vulnerability among Rohingya households and their heavy reliance on humanitarian assistance confirms the continuous need for blanket assistance to address their immediate food and other essential needs. While blanket assistance continues, WFP and UNHCR could explore possibilities to develop and pilot a harmonized eligibility criteria for a joint targeting approach in current UNHCR and WFP programmes to ensure humanitarian interventions are aligned with the required level of essential needs.

Having a single, digitalized, integrated database of multi-sector entitlements across all refugees would contribute to better programme design and decision-making, through more accurate targeting and evidence generation, particularly considering expected funding decreases over time.

Cash-for-work beneficiaries who benefit from Fresh Food Corners or targeted nutrition assistance were found less likely to be highly vulnerable, showing that targeted programmes, such as e-voucher top-ups for vulnerable households which are designed to complement the standard food basket, have been shown to be 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 does not 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 a number of factors including COVID-19 restrictions, and 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). Despite the restrictions, 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 still critical to enhancing access to economic opportunities, as these play a crucial role for long-term resilience in food security.

Self-reliance and livelihood activities would benefit from integrated data to design better targeting criteria and to better consider the diversity of the camp and host community populations in terms of their different capabilities and access to economic opportunities. Such programmes should further develop an inclusion lens, comprising childcare needs of single parents and disabled persons whose participation incurs a higher opportunity cost relative to non-disabled participants.

Self-reliance and livelihood activities should be further integrated with other programmatic activities, including climate adaptation and anticipatory action strategies in both communities, to further the long-term resilience capacities of Rohingya and host community households.

School feeding

The outbreak of COVID-19 in March 2020 led to the closure of all learning centres, leaving 325,000 children without access to any basic education activities. While remote learning was not possible due to restrictions on 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, alongside 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.

Monitoring

To ensure assistance covers essential needs, it is crucial to continue monitoring the status of food security and essential needs in the camps and host community. If the COVID-19 pandemic lessens in severity coupled with relaxed covid restrictions allowing refugees to embark on self-reliance activities and allowing humanitarian operations to resume and expand, a certain improvement in food security is expected in camps and the host community. However, with diminished coping capacity and a high dependence on humanitarian assistance (camps) and/or casual labour (host community), vulnerability to future shocks will remain high, especially during the monsoon season. Government restrictions on livelihood opportunities persist for the Rohingya community. Therefore, close monitoring of how their food security evolves in the coming months will be necessary.

Host communities and social cohesion

Greater advocacy is recommended for livelihoods and self-reliance activities to strengthen linkages between the refugee and host communities. Establishing a body of evidence on social cohesion between, and within, the two

populations can assist in this regard. Incorporating conflict sensitivity and a social cohesion lens into the programme design circle of the WFP response is recommended to mitigate against potential conflict.

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 and be stepped up. An agile community feedback and response mechanism, leveraging the existing systems in place, should be developed to consolidate information from diverse feedback channels, act on the issues raised and close feedback loops effectively.

1. Introduction

Bangladesh continues to host close to one million Rohingya refugees fleeing persecution in Myanmar. The largest influx occurred in August 2017, when an estimated 726,000[1] Rohingyas arrived in Cox's Bazar and took shelter in refugee camps in the Ukhiya and Teknaf sub-districts, joining other groups of Rohingyas who had arrived in the 1970s.

From 2020, the COVID-19 pandemic aggravated a situation that was beginning to stabilize and take on a protracted nature. It forced all humanitarian actors to alter how they provide humanitarian assistance and disrupted the economy, people's lives and livelihoods in both the host and camp communities. In the first half of 2021, the COVID-19 virus spread rapidly, leading to new national and camp-specific lockdowns and stunting the gradual recovery that had 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 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 levels of vulnerability and food insecurity, camp-by-camp;
- Understand the characteristics of the most vulnerable;
- Track movements in and out of vulnerability for panel[2] 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.

2. Methodology
2.1 Sampling design

Five years after the 2017 influx from Myanmar, REVA-5 introduces modifications in the sampling frame with the aim of providing more granular information to better inform programming. REVA-5 covers the 32 makeshift camps of non-registered Rohingya refugees; the two registered camps of Nayapara and Kutupalong; and the two host community subdistricts (upazilas) of Ukhiya and Teknaf.

The sample size was calculated using Emergency Nutrition Assessment (ENA) software to provide representative information for each camp for both the refugee Rohingya population and the host community. Given the notable differences between registered and non-registered camps, the sample size in Nayapara and Kutupalong camps ensures accuracy within 10 percent for each camp and within 7 percent for the registered refugee population as a whole. The **final total sample of 3,686 households** is representative at each level with the below parameters (Table 1):

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[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.

Figure 1: REVA-5 sampling coverage in host community and camps
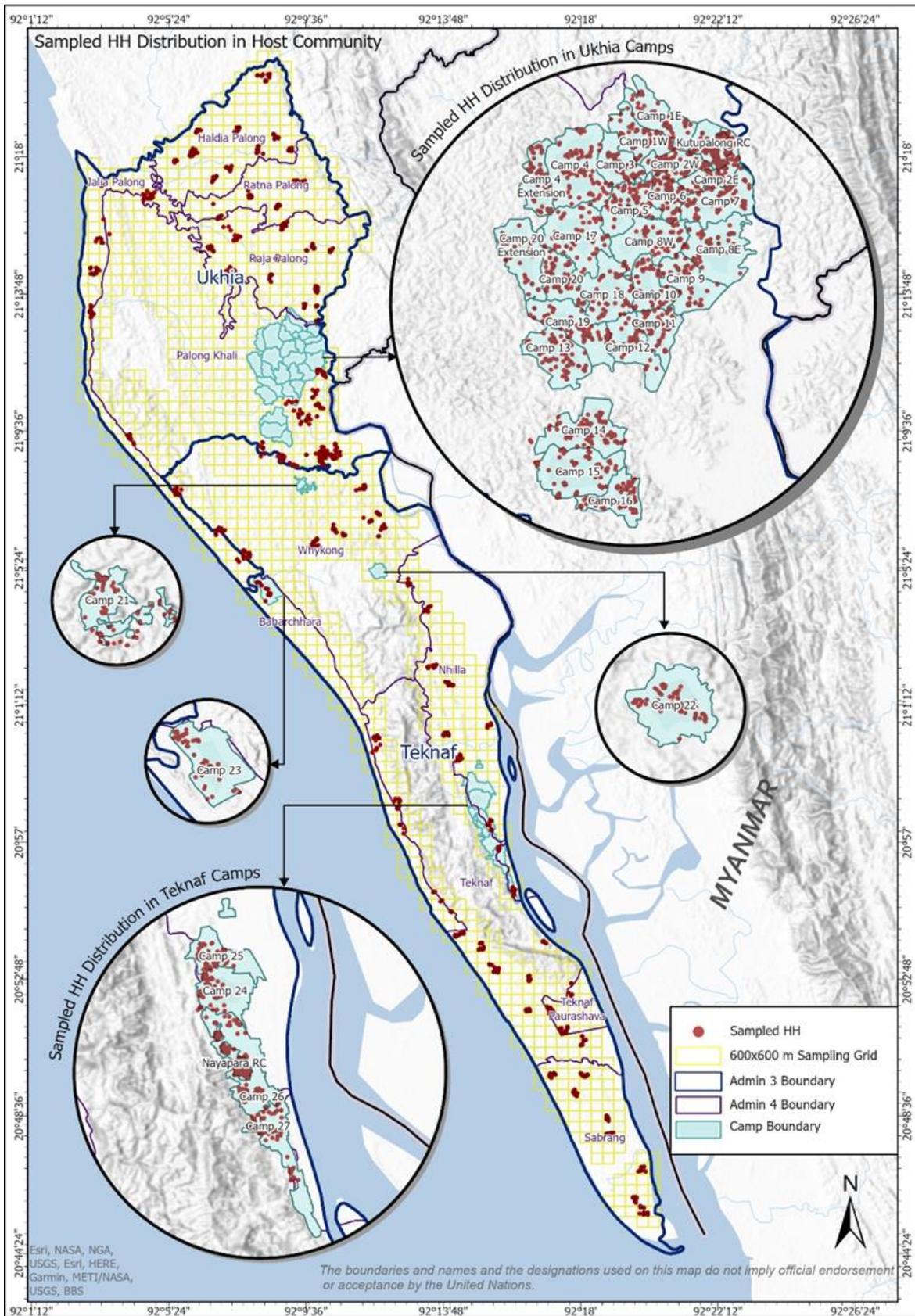
Table 1. Sample size framework by strata

			Sample size	Prevalence	Precision	Design effect	% Non-response
Rohingya	**Each unregistered camp**	**74**	**50%**	**15%**	**1.5**[3]		**5%**
	Each registered camp	**165**	**50%**	**10%**	**1.5**		**5%**
	Total Registered camps	330	50%	7%	1.5		3%
	Total Unregistered camps	2393	50%	<3%	1.5		10%
	All camps (registered and unregistered)	2723	50%	2.5	1.5		8%
Host community	**Ukhiya upazila**	**507**	**50%**	**6%**	**1.5**		**5%**
	Teknaf upazila	**456**	**50%**	**6%**	**1.5**		**5%**
	Total Host community	963	50%	<4.5	1.5		10%

To mitigate the potential impact of the different sampling frames on the results that could lead to misinterpretation of trends, a minimum number of panel households[4] was purposively selected in the sample for both communities to ensure comparability with 2019 and 2020 data.

For refugee communities, the panel households were initially selected and interviewed in each camp and, when a replacement was necessary, the sample was completed with randomly selected households from the UNHCR registration database in the respective camp, until reaching the target sample size of 74. The overall Rohingya households panel sample size was 57.3 percent in 2021, as compared to REVA 2020. REVA-4 identification information was cross-referenced with the most recent available data in the UNHCR registry and WFP SCOPE database to update household location within the sample design. The final proportion of panel households in the REVA-5 refugee sample is 52 percent in the makeshift camps and 97 percent in the registered camps.

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[3] A design effect of 1.5 was used to account for the cluster sampling approach used in REVA-3 and -4.

[4] Panel households are households interviewed in REVA-3 and REVA-4. These households were randomly selected following a two-stage cluster method proportional to the population size for each of the five strata: registered Rohingya who arrived before October 2016; unregistered Rohingya who arrived between October 2016 and August 2017; newly-arrived Rohingya after August 2017; the host community in Ukhia; and the host community in Teknaf. The unregistered Rohingya were merged and largely consist of households who arrived after August 2017.

Eighty percent of the overall refugee panel households reached in REVA-4 were reached by REVA-5 (89 percent unregistered refugees and 56 percent registered refugees). The reason why refugee households could not be found was due to relocations within or between camps or to Bhasan Char.

To provide representative information at upazila level, REVA-5 adds the host community unions[5] of Sabrang, Teknaf and Teknaf Paurashava in Teknaf subdistrict and Haldia Palong and Ratna Palong in Ukhiya subdistrict, which were not surveyed in previous REVAs. With the objective of ensuring comparability with previous REVA rounds, a representative sample of panel households was purposively selected maintaining the sample proportion by union as in the REVA-4. This panel sample size of 336 host community household interviews is representative of the area covered in REVA-4[6] within 7 percent accuracy and represents 74 percent of the host community households interviewed in REVA-4, and 34 percent of the total host community contained in the REVA-5 sample. To reach the required sample size at upazila level, additional households were randomly selected with targets per union proportional to the union population size and following two-stage cluster sampling, ensuring a minimum of 30 clusters per upazila and 12 households per cluster. A total of 42 clusters were surveyed in Ukhiya and 38 in Teknaf.

2.2 Data collection

Team: The WFP VAM team recruited 27 enumerators and five supervisors and trained them between 5 to 11 October 2021, including one day of field training. Enumerators were grouped in teams of five with one supervisor each. For data quality purposes, feedback sessions were regularly held after data collection to identify and solve field data collection challenges and provide feedback to enumerators based on performance and data quality checks.

Data collection: Data collection in the field was supported by World Vision, Save the Children, BRAC, RIC and UNHCR who provided field volunteers to assistREVA enumerators in identifying sample households in the camps. Household interviews were conducted face to face between 12 October and 22 November and complemented with qualitative findings gathered through focus group discussions between 24 and 27 January 2022. The focus group discussions were designed to enhance the understanding of trends seen in the survey data. A total of 19 focus group discussions were conducted in the Rohingya camps and host communities to support contextual analysis and triangularization of some of the quantitative data.

Questionnaire: The household questionnaire lasted on average for one hour and ten minutes and measured key essential needs indicators with modules on demographics, food consumption, coping strategies, expenditures, livelihoods, water, sanitation and hygiene (WASH) practices, health, protection, shocks, assistance, social cohesion, resilience and household priorities. Most of the questionnaires remained similar to REV- 4 to ensure comparability, but modifications were introduced based on lessons learnt and to fill identified information gaps. the expenditure module was expanded in coordination with different sectors with the aim of revising the Minimum Expenditure Basket specifically. An average of four to five questionnaires were conducted per person per day.

Analysis: The data was registered in electronic devices using MoDA software to ensure data protection. SPSS 26.0 was used for data analysis. Camp data were weighted to obtain the statistics for makeshift camps, registered camps and the overall Rohingya community-based in each camp. The unregistered and registered population figures are according to September 2021 UNHCR population registry. Data from the Ukhiya and Teknaf upazilas were weighted based on the 2011 Census projected for 2019. Statistics were also calculated for host community panel households exclusively, considering only the same households that were interviewed in REVA-4. Weights

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[5] A union is a sub-unit of an upazila, analogous to a county or a borough.
[6] Ukhia and Teknaf areas within a one-hour walking distance of the camps, which includes the unions of Baharchhara, Nhilla, Whykong in Teknaf and Jalia Palong, Palong Khali and Raja Palong in Ukhia.

were applied based on the REVA-4 sampling frame. This approach aimed to ensure that the trends observed between REVA-4 and -5 are not the result of the changes introduced in the sampling frame with the inclusion of additional unions, but due to actual changes that occurred during the interval between the two REVAs. In addition, the VAM team ensured:

- Descriptive statistics of direct and indirect indicators were calculated by strata and population to provide an overview of the current situation of both refugee and host communities.

- Households were classified according to vulnerability based on the essential needs approach as well as key food security indicators (Food Consumption Score, economic vulnerability, Coping Strategy Index and Livelihoods coping strategies) to provide the estimated vulnerable population for response planning purposes.

- Means and frequencies comparisons were conducted to identify the variables and indicators associated with vulnerability.

- Trend analysis was conducted to monitor the evolution of the situation in camps and host communities in the context of consecutive COVID-19 lockdowns.

- Regression analysis using logistics regression models was done for demographic, economic and educational variables with vulnerability following chi-square (for categorical variables) and correlation (for numeric variables) tests to confirm the strength of relationships.

2.3 Limitations

- To ensure comparability with previous REVA rounds, the panel sample size in the host community (34 percent of the overall host community sample in 2021) is slightly biased toward host community households located within one hour walking distance from the camps and accessible by main or secondary roads, with an overrepresentation of households living in Palong Khali. The lack of available demographic data and a list of villages at the union level for the host community in Ukhiya and Teknaf have limited the representativeness of the newly-sampled areas for non-panel host community households. To mitigate this, the team used GIS software to sub-divide the unions into 600 m^2 clusters at the union level. Each grid was then assigned a unique identifier, from which clusters were randomly selected. To avoid selecting grids in bare land, waterbodies or hill tracts with no settlement, the most recent household footprint data from the Humanitarian OpenStreetMap Team (HOT)[7] was used to conduct an overlay analysis and screen out grids that did not have the required 12 households. Areas with extremely sparse population density may have been excluded from the sampling frame.

- Among panel households, 20 percent of Rohingya and 26 percent of host community households were not covered in 2021 either due to the sample design or population movement. To address these gaps, random replacement of households was done within the same subblock within the camps (maintaining an interval of 15 refugee households) or the same unions within the host community.

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[7] Humanitarian OpenStreetMap Team (HOT) is an international team dedicated to humanitarian action and community development through open mapping. The platform provides map data for disaster management and risk reduction.

- Due to the Government's planned closure of Camp 23 (Shamlapur) completed in December 2021, only one panel household was reached and the rest of the 73 households were random non-panel refugee households.

- Sensitive questions included in the protection module, such as sexual violence, were asked irrespective of the gender of respondents. Privacy was ensured to the extent possible in each case. Results should be interpreted considering these conditions.

- Just like any primary data collection exercise, responses are based on self-reported information provided by household members and therefore an inherent bias cannot be ruled out. To mitigate this potential bias, households were informed of the confidentiality of the information collected prior to the interview.

Table 2: Demographic characteristics of Rohingya and host community households

Demographic Characteristics		Rohingya Community	Host Community
Gender of household head	Female	22%	15%
	Male	78%	85%
Household size		5.2	6.2
Household size category	1-3 members	21%	12%
	4-6 members	54%	63%
	7+ members	25%	24%
Presence of household head with difficulties		11%	9%
Presence of HH members with difficulties		20%	22%
At least 1 household member is chronically ill		16%	21%
Head of household has a chronic illness		3%	4%
Single mother		13%	11%
Household head with any son or daughter		8%	4%
Household with PLW		25%	17%
Presence of children under-5 years of age		55%	45%
Household with adolescent (boy/girl/both)		56%	76%
Elderly household head		15%	16%
Elderly (60+ years)		16%	16%
High dependency ratio		22%	12%
High crowding index (> 1.5)		59%	72%

3. Study findings

3.1 Demographics

In 2021, the proportion of male- and female-headed households remained at similar levels as 2020 with eight out of ten Rohingya households and nine out of ten host community households headed by men (**Error! Reference source not found.**). Most households in both communities were composed of four to six members.

Age pyramids: The Rohingya population[8] remains slightly younger than that of the host community. The average age among the Rohingya was 21 years versus 23 years in the host population. The proportion of individuals residing within the productive age bracket (16−60 years) are similar for both populations: 56 percent and 48 percent of individuals in the Rohingya and host populations, respectively. In both the host and Rohingya communities, 49 percent of the population was male and 51 percent female. The productive working population situated in the 16 to 60 year age bracket was dominated by women in both populations (52 percent women within the Rohingya population as a whole and 57 percent women within the host community) (Figure 2).

At the household level, the average age of the household head in the Rohingya and host communities was 41 and 44 years respectively. In both communities, 15 percent of households were headed by a person 60 years and above. The rest of the household heads (85 percent) were within the 18−59 years age bracket.

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[8] Population level statistics refers to the individual level statistics of the larger group of members of the households in REVA-5.

In 2021, the proportion of households with children under 5 (CU5) was 55 percent for Rohingya and 45 percent in the host community.

Figure 2: Age pyramid of Rohingya and host community populations in Cox's Bazar
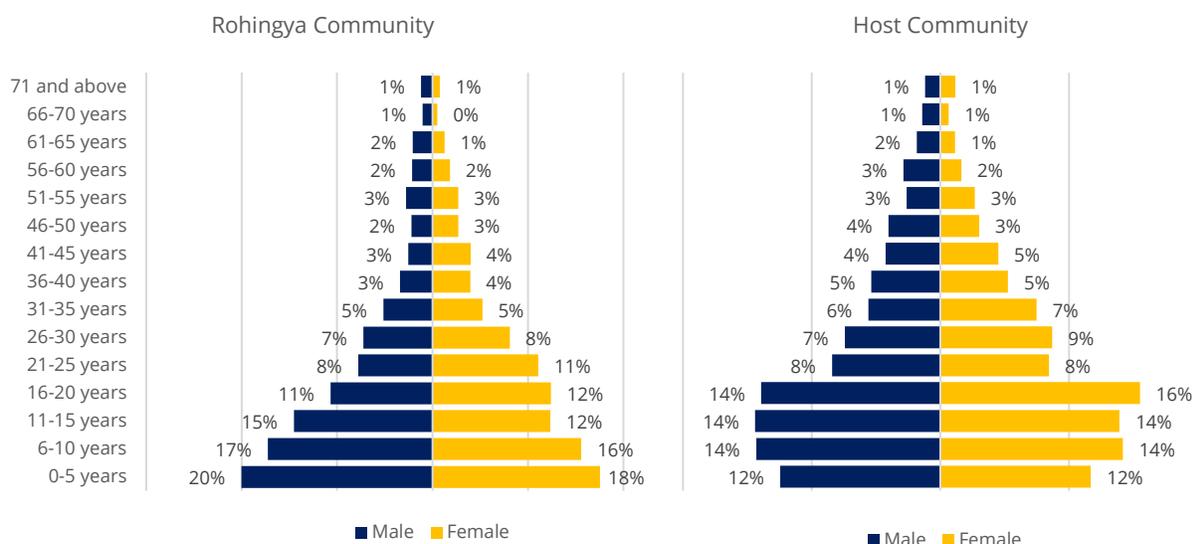
Difficulty: Overall 11 percent of households in the Rohingya community and 9 percent of households in the host community had at least one person with a disability (PWD)[9]. A higher proportion of Rohingya female-led households reported having at least one family member living with a disability (3.2 percent), as compared to their host community counterparts (1.3 percent). For male heads, the proportion reporting at least one family member living with a disability was 7.3 percent and 7.7 percent for the refugee and host communities, respectively. No major differences were observed between the two communities of concern when different types of disabilities were disaggregated.

Figure 3: Proportion of households with persons with disabilities for Rohingya and host community
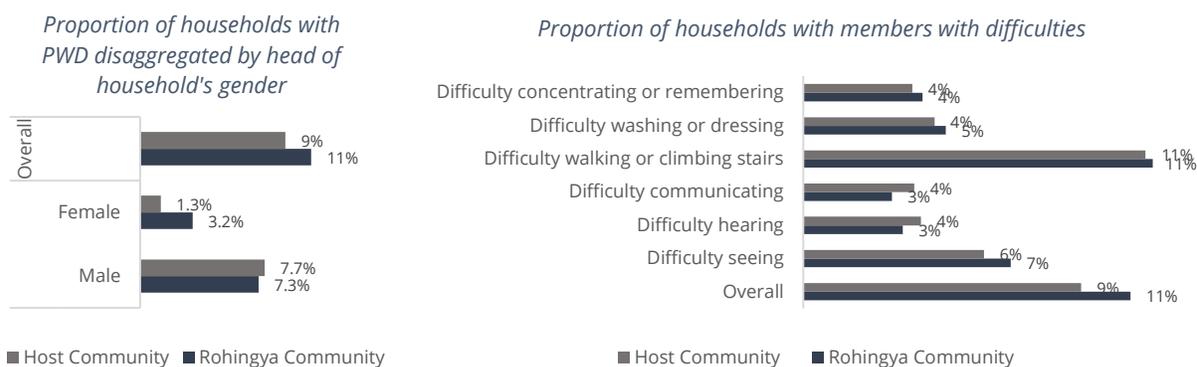
3.2 Overall vulnerability

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[9] The Washington Group Questionnaire was used to determine individuals' difficulty or disability.

Since 2017, overall vulnerability[10] reached an all-time high in 2020 for both communities due to the restrictions put in place as mitigation measures of the pandemic and reduced market access and livelihoods opportunities. In 2021, overall vulnerability remained at similar worrying levels to 2020 among both Rohingya and host communities and higher than pre-pandemic years.

Overall vulnerability in the camps followed an increasing trend since 2017: from 80 percent of moderately and highly vulnerable households found in 2017 to 88 percent in 2018, 94 percent in 2019, 96 percent in 2020 and 95 percent in 2021(Figure 4). The proportion of highly vulnerable Rohingya households reduced by 4 percent in 2021 (82 percent) compared to 2020 (86 percent), driven by a slight economic recovery following the gradual reopening of economic activities by the last quarter of 2021. The reduction in vulnerability may fail to sustain and may even worsen without cushioning assistance amid the prevailing dual crisis of the Covid-19 pandemic and the war between Russia and Ukraine leading to instability of global markets and reducing the purchasing power of both communities.

For the host community, the share of households with high vulnerability levels in 2021 remained similar as in 2020 (11 percent and 12 percent respectively). Overall vulnerability in the host community followed an increasing trend since 2017: from 39 percent of moderately and highly vulnerable households found consecutively in 2017 and 2018, 41 percent in 2019, 51 percent in 2020 and 52 percent in 2021 reflecting households' limited ability to recover from the economic downturns, lacking adequate and expanded assistance, adequate livelihoods recovery initiatives, and skyrocketing price spikes of essential commodities, especially food[11]. These factors have negatively influenced the already strained purchasing power/capacity to meet essential needs. The economic recovery since 2020 has been slow at a concerning level exhibiting the trend in vulnerability status. Nonetheless, the vulnerability of the host community remains markedly lower compared to Rohingya households, mainly due to the independence of movement and being able to interact with the economy freely, not subject to extreme restrictions like the Rohingya community.

Figure 4: Overall vulnerability levels (2017-2021)
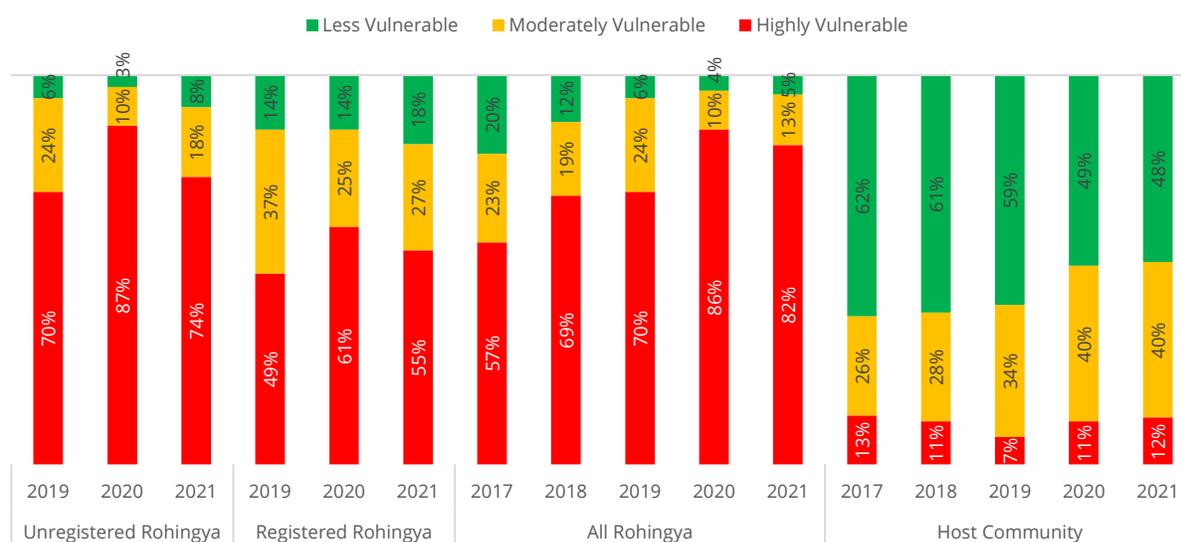
Camps 1W and 22 were found with the highest proportion (more than 95 percent) of households with high vulnerability status (Figure 5) followed by Camps 13 and 26 with 90-95 percent of the households in the same category of vulnerability. Within camps 5, 8 West, 15, 19, 20-Extension and 24, 85-90 percent of households reported high vulnerability. Within camps 4, 4-Extension, 8 East, 14, 20, 25 and 27, 80-85 percent reported high vulnerability. Registered refugees reported much less vulnerability than the unregistered population, with only 70 percent of households in Nayapara Registered Camp and 62 percent of households in Kutupalong Registered Camp reporting a high vulnerability. In Rohingya communities, 10 and 14 percent of households reported high vulnerability, respectively, but these camps were given the same colour code in Figure 5 for ease of comparison, despite the large gap in vulnerability between the host community and registered refugees.

Figure 5: Proportion of highly vulnerable households in different camps
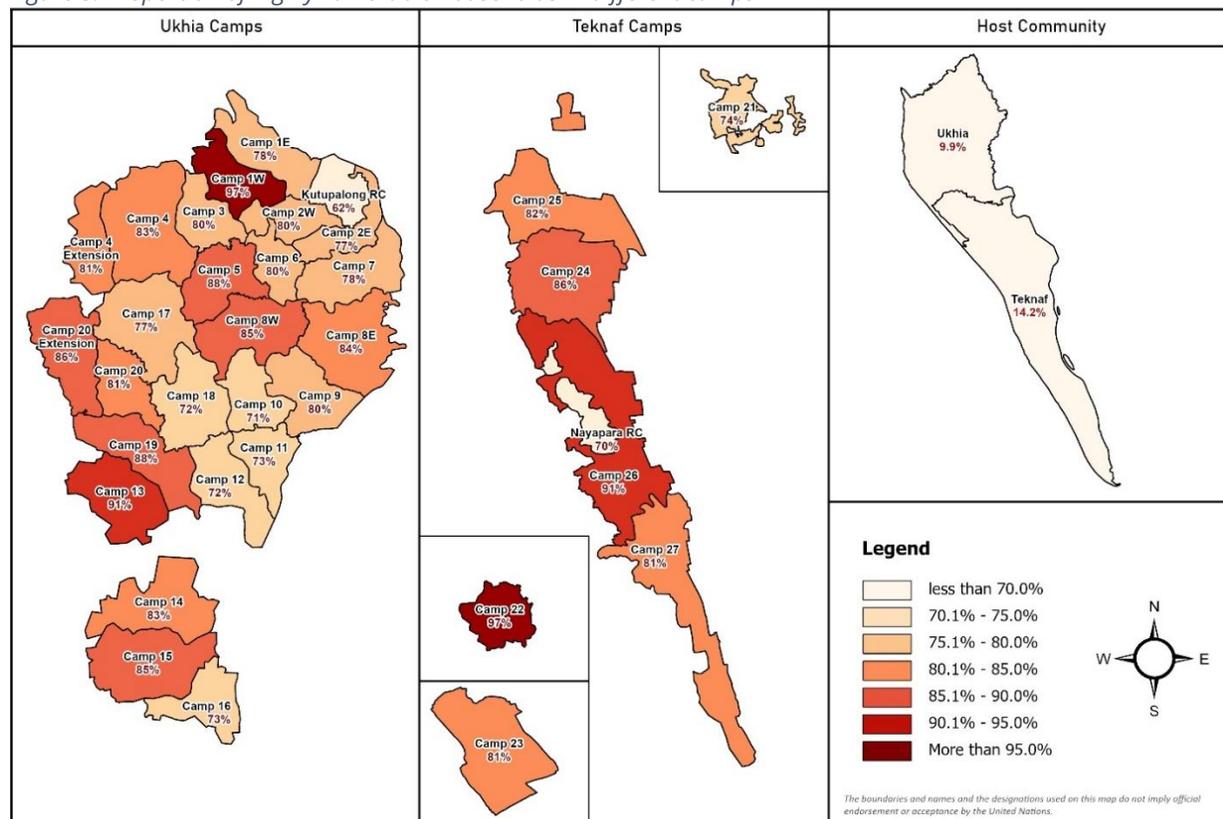
Vulnerability transition: movements in and out of vulnerability

Since 2020, a total of 79 percent of Rohingya panel households retained their previous vulnerability levels (Figure 6), of which 75 percent fell into the high vulnerability category in 2021 (Figure 7). The proportion of refugee households with decreased vulnerability grew by 5 percent compared to 2020, reaching 13 percent in 2021 and the proportion of households entering into high vulnerability decreased by 15 percent reaching 9 percent in 2021 compared to 24 percent in 2020. The shift was most likely due to the reopening of the economy, which positively benefitted the Rohingya and the completion of the planned shift from in-kind food assistance to e-voucher assistance in the camps leading people to increase their access to wider food options alongside access to few critical non-food items.

The shift was less pronounced for the host community where 28 percent of households remained in high vulnerability (2 percentage points less than 2020), and 23 percent of households moved into reduced vulnerability – a 5 percentage point increase from 2020. About 48 percent of households retained similar levels of vulnerability

to 2020 (Figure 6), of which only 4 percent of households were highly vulnerable, 26 percent were less vulnerable, and 19 percent were moderately vulnerable.

Figure 6: Household vulnerability transition among Rohingya and host communities, (2019-2020 and 2020-2021)
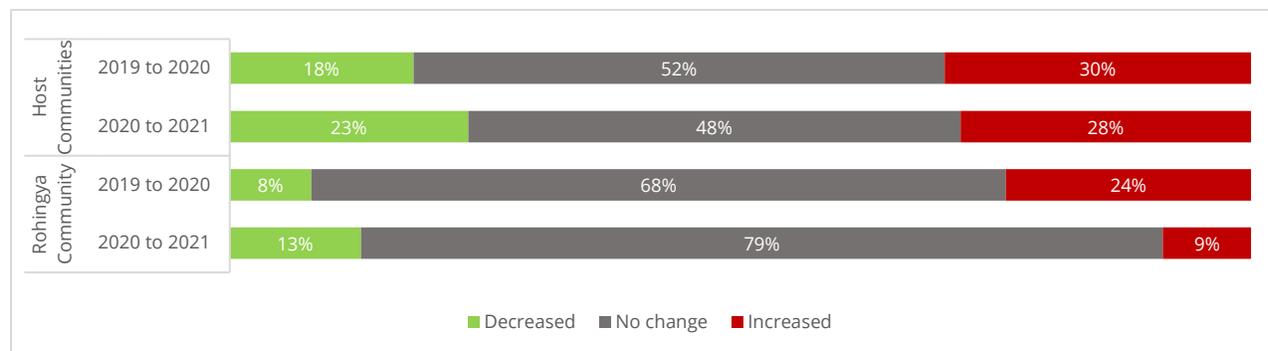
Figure 7: Changes in vulnerability status of Rohingya and host community households (2020–2021)

Rohingya Community					Host Communities			
2021 / 2020	Less	Moderate	High		2021 / 2020	Less	Moderate	High
Less	1%	1%	2%		Less	26%	18%	4%
Moderate	1%	3%	6%		Moderate	16%	19%	6%
High	2%	9%	75%		High	2%	5%	4%

Since 2019, 58 percent[12] of Rohingya panel households remained in the high to moderate vulnerability category with poor or borderline food consumption and below MEB expenditure levels, compared to 8 percent[13] of host community panel households (Figure 8).

Figure 8: Proportions of households remaining in the same vulnerability category since 2019
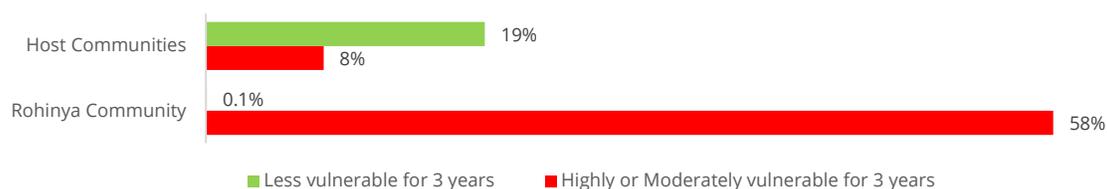
A component-wise breakdown of vulnerability (Figure 9 and Figure 10) showed that the major driver for Rohingya households remaining in the vulnerable category was expenditure below MEB for the past three years. This indicates that the lack of livelihood opportunities will continue to penalize households if humanitarian assistance is not recalibrated to meet the income gap.

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[12] Equivalent to 33 percent of Rohingya households overall in 2021
[13] Equivalent to 3 percent of host community households overall in 2021

Figure 9: Proportion of households remaining in the same food consumption category since 2019

- Host Communities: 34%, 5%
- Rohinya Community: 15%, 8%

■ Acceptable consumption for 3 years   ■ Poor or Borderline consumption for 3 years
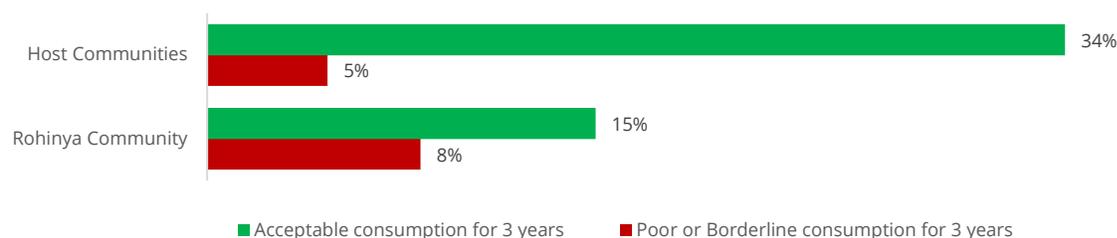
Figure 10: Proportion of households remaining in same expenditure category since 2019

- Host Communities: 47%, 3%
- Rohinya Community: 0.3%, 53%

■ Expenditure above MEB for 3 years   ■ Expenditure below MEB for 3 years
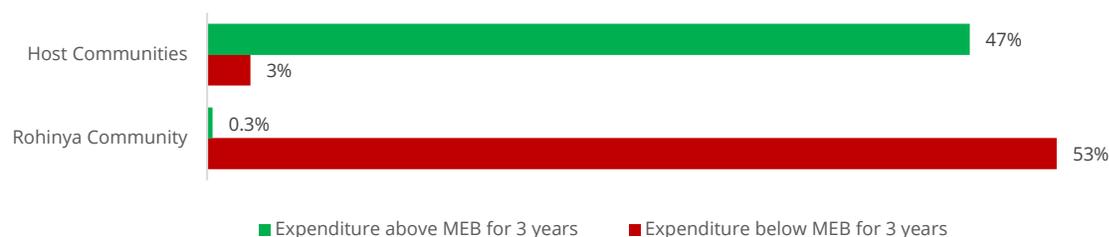
Vulnerability movements and assistance

The movement out of vulnerability was correlated with assistance. In the host community, the assistance modalities which most prevented households from falling into higher vulnerability were development programmes by NGOs, INGOs, UN agencies or other actors, followed by vulnerable group feeding (VGF), vulnerable group development (VGD), stipends for female students, allowances for the widowed, and relief provided by the Government of Bangladesh.

Among the Rohingya, General Food Assistance remains a shield against continued or increased vulnerability. Other assistance – liquid petroleum gas (LPG) and cooking stoves; other non-food items (household goods or utensils, containers, mosquito nets); shelter repair; clothing; and dignity kits[14] – were also found to significantly reduce the chances of vulnerability, mainly due to the reduced need for cash required to meet those necessities in the absence of (or lacking adequate) livelihoods.

Determinants of Vulnerability

By examining the determinants of vulnerability [15] at the household level, humanitarian actors can better understand the profile of households with high vulnerability among the displaced Rohingya population and high or moderate vulnerability within the host community to improve programme targeting and design.

Rohingya households

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[14] Sanitary napkins/menstrual pads for female household members

[15] Demographic identifiers –such as sex of the head of the household; presence of household member or head with disability; household size; and dependency ratio, – were tested for correlation with high vulnerability for the Rohingya and high or moderate vulnerability for the host community. 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.

Among Rohingya households, new demographic characteristics were found to significantly contribute to high vulnerability: households headed by a person with a disability; high crowding index[16] (>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 income in the camps causing high vulnerability, similar to host communities.[17] The absence of active working members in a household is also a predictor of high vulnerability. The fact that all female-headed households currently receive the FFC top-up (3 USD/person/month) could be the attributing factor to relatively equal levels of vulnerability with male-headed households, as female-headed households tended to be more vulnerable than male-headed households previously.

Host Community

In the host community, women-led or women-headed households, households with high crowding index, and households with high dependency ratio[18] 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) (Table 3).

Table 3: Determinants of vulnerability for the most vulnerable households

Household Characteristics	Rohingya Community	Host Community
Demographics		
Women-led households[19]		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	X	
Household with 3 or more children (< 15 years)	X	X
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		

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[16] 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.

[17] The tests were significant with p=0.000 for refugees and p=0.012.

[18] Dependency ratio is the ratio of the total number of household members within the age bracket of 15 to 64, representing the working age, and the total number of household members outside of this age bracket, representing the non-working age.

[19] With the continuous targeted food assistance women-led households in Rohingya communities have been receiving, they could offset the vulnerability. Without this top up, they are likely to fall back to the vulnerable status.

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

3.3 Expenditures and economic vulnerability

Expenditure analysis on essential needs for food and non-food consumption is commonly used for measuring poverty and vulnerability as proxy measures of households' economic welfare and level of consumption. Table 4 presents aggregate expenditures per capita for two scenarios: actual cash purchase from markets excluding assistance, and expenditure after factoring in the estimated value of the assistance. Under the first scenario, Rohingya households spent significantly less per month – BDT 887 (USD 10)[20] per capita – than host community households, who spent on average BDT 2,523 (USD 29) per capita per month. By adding the estimated value of assistance, aggregate expenditures for Rohingya households rose to BDT 2,181 (USD 25) per capita per month and to BDT 2,592 (USD 30) for host community households, which demonstrates the importance of humanitarian assistance in supporting access to the essential needs of vulnerable households.

In 2021, total monthly expenditure for cash purchases only increased slightly within the host community and Rohingya households (BDT 145 and BDT 152 per capita, respectively), as compared to 2020. In addition, the total monthly aggregated expenditure per capita also rose by BDT 273 after adding the estimated value of assistance for Rohingya overall between 2020 and 2021. This increase was more pronounced in unregistered camps compared to the registered ones (a monthly increase of BDT 282 and BDT 60 per capita, respectively). Despite this increase, unregistered Rohingya continue to be the least well off in terms of consumption, followed by registered Rohingya and host community households.

Table 4: Total monthly per capita expenditure in 2021

	Actual cash purchase excl. value of assistance (BDT)			Actual cash purchase incl. imputed value of assistance (BDT)		
	Food	Non-food	Total	Food	Non-food	Total
Unregistered Rohingya	539	336	875	1,518	654	2,172
Registered Rohingya	760	423	1,183	1,666	717	2,383
All Rohingya	548	339	887	1,524	657	2,181
Host community	1,609	914	2,523	1,657	935	2,592

Overall expenditure patterns

In 2021, both populations continued to allocate the largest share of their monthly expenditure on food, in line with previous years. Excluding the estimated value of assistance, Rohingya households spend 62 percent of cash purchases on food, while host community households spend 63 percent in 2021 – a 2 percentage point decrease from 2020 for each group. As Rohingya households continue to incur healthcare costs, an increased allocation of resources to medical care was reported (a 4 percent increase from 2020).

When including the estimated value of assistance, the share of the monthly budget allocated to food increases to 71 percent among Rohingya households – which is slightly below the severe economic vulnerability threshold of 75 percent. In the absence of sustainable livelihood opportunities within the camps, high economic

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[20] USD1 = BDT 88.5

vulnerability continues to exist and impact households' food security. Fuel expenditure continues to represent an insignificant share of the monthly budget (1 percent) thanks to the provision of LPG to all Rohingya households.

Figure 11: Overall monthly expenditure patterns across items with and without estimated values of assistance
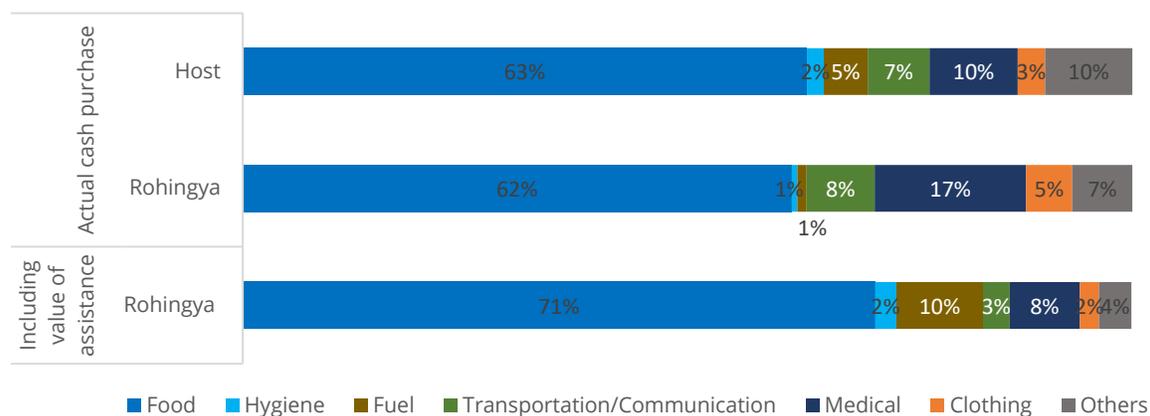
In Rohingya communities, two out of five households (39 percent) reported food expenditures of more than 75 percent of total monthly expenditure. and a roughly equal share, 38 percent of households, allocated 65–75 percent of expenditure towards food. These results show that a total of 77 percent of Rohingya households have moderate and/or severe economic vulnerability and are spending at least 65 percent of their monthly budget on food, leaving them with few resources to allocate to other essential needs. In the host communities, 41 percent of households reported spending 65–75 percent of their total budget on food, which is a continued cause of concern as in 2020. Only 7 percent of host community households and 1 percent of registered camp residents reported food expenditure of less than 50 percent.

Figure 12: Food as a proportion of total monthly expenditure
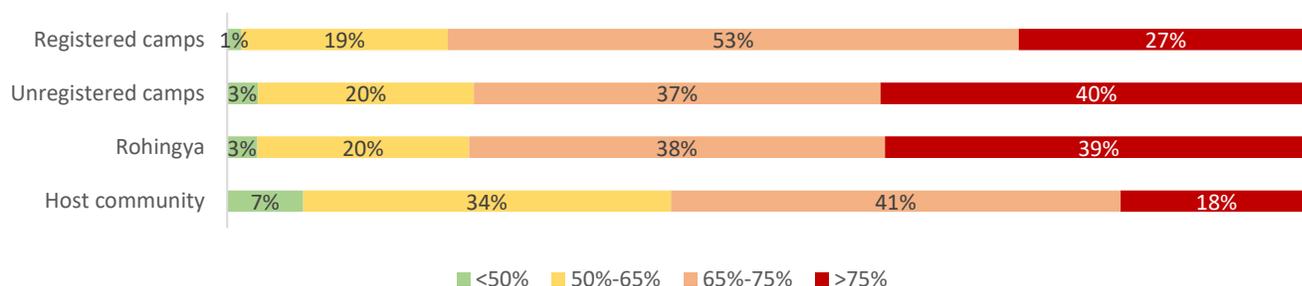
Food expenditure breakdown

Monthly expenditure on cereals, mainly rice, was the predominant food expenditure category for both Rohingya and host community households (38 and 29 percent respectively) (Figure 13). Another important food group in the consumption basket was fish, constituting 17 and 21 percent of the Rohingya and host community budget respectively. In addition, vegetables, oil and meat/eggs accounted for 29 and 30 percent for Rohingya and host community monthly spending.

Differences in monthly food expenditure patterns were seen between the Rohingya and host communities, particularly in the larger Rohingya share spent on cereals (8 percent greater than host community) as well as on

oil (4 percent difference). By contrast, host communities spent more on fish and meat/eggs than Rohingya households (a 4 percent difference each).

Among refugee households, the monthly share spent on cereals fell from 41 percent in 2020 to 38 percent in 2021 and was redirected towards spending on vegetables, fruits and spices (1 percent increase from 2020 for each), thanks to the return of WFP Fresh Food Corners in 2021 after the Farmers Market project was disrupted with the onset of the COVID-19 pandemic. In the host community, expenditure patterns remained similar to 2020, except for vegetables which witnessed a minor decrease from 14 to 12 percent between 2020 and 2021.

Figure 13: Breakdown of food expenditure patterns
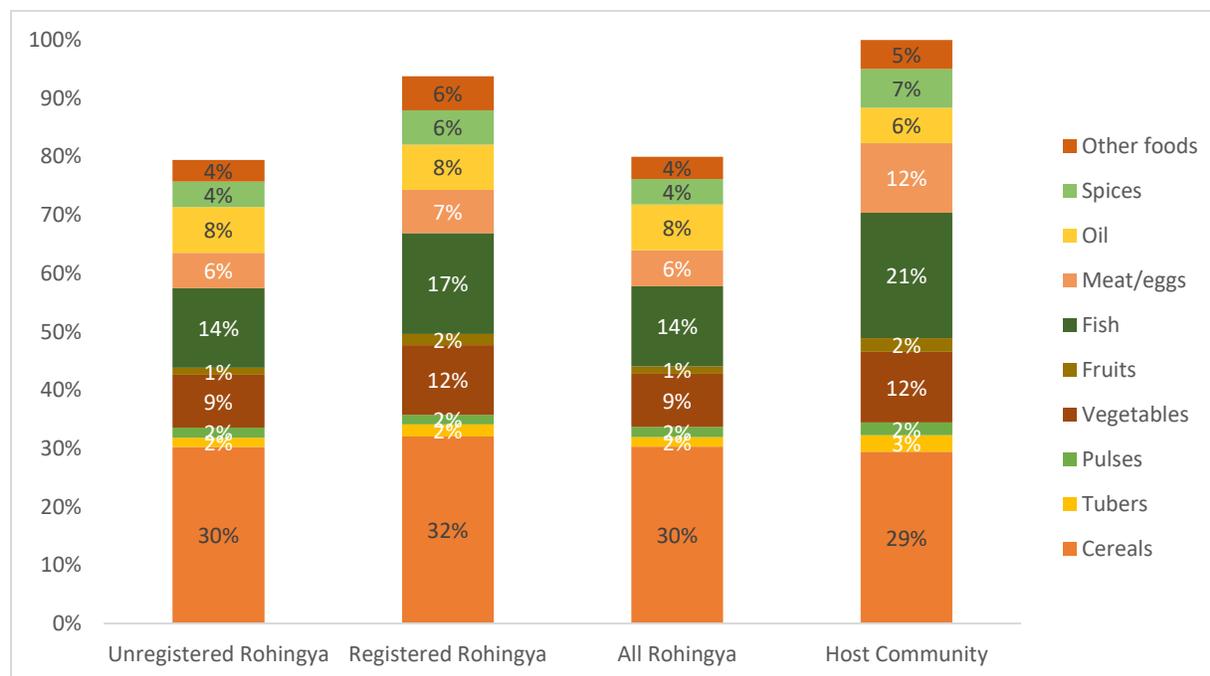
Trends in expenditure

Expenditure on both food and non-food items rose from 2020 to 2021 among both Rohingya and host community households (Figure 14). This rise is likely due to the increase in commodity prices and inflation rate, rise in purchases on credit, and partial recovery from income losses as compared to 2020. Despite the provision of humanitarian assistance, Rohingya household expenditures increased from BDT 2,250 to BDT 2,993 for food and from BDT 1,165 to BDT 1,859 for non-food items between 2020 and 2021, showing that the cash-for-work assistance (which also contains 50 percent of the value earned from self-reliance/DRR activities, if any member of the household could work) has been effective at enabling households' access to other food and non-food needs. However, as discussed, the assistance amount remains insufficient for households to meet all their essential needs forcing them to rely on negative coping behaviours, such as debt, and use their own limited resources/savings. For example, 79 percent of Rohingya households and 77 percent of host community households had incurred debts at the time of the REVA-5 survey, mainly to cover healthcare followed by food expenses – the highest percentages since 2019. Even with the increased expenditure, households are facing difficulties in covering their basic needs by their own means.

Figure 14: Trends in food and non-food expenditure (2017–2021)
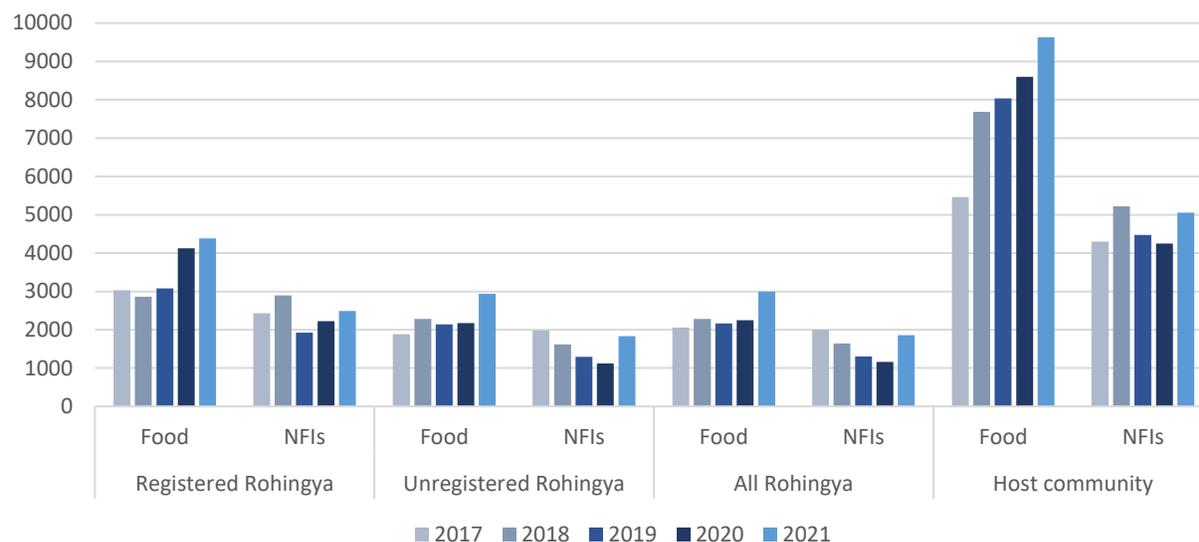
Economic vulnerability

The economic capacity of households to meet essential needs (ECMEN) was determined by estimating the proportion of households with consumption above and below the minimum expenditure basket (MEB)[21]. The MEB was set at BDT 2,043 per capita per month and was determined by the REVA-2 (2018) and adopted by the Cox's Bazar Transfers Working Group in 2019 after adjusting for inflation.[22] The survival minimum expenditure basket (SMEB) was determined as the threshold for the food component of the MEB, set at BDT 1,340 per capita per month.

Under the 2018/2019 MEB, households were divided into three categories:

- Households with per capita expenditure below the SMEB/food MEB;
- Households with per capita expenditure between the SMEB/food MEB and the MEB; and
- Households with per capita expenditure above the MEB.

Two scenarios were used to assess economic vulnerability:

1. Current economic vulnerability including the monetary value of assistance; and
2. A simulated scenario excluding the monetary value of assistance to better assess households' economic vulnerability in the absence of assistance.

The levels of economic vulnerability remained high in the camps despite the provision of humanitarian assistance: 51 percent of Rohingya households had expenditures below the minimum expenditure basket (MEB), a 2 percentage point deterioration from 2020 (Figure 15). 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 the depletion of savings they may have had upon arrival.

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[21] The MEB is defined as what a household requires in order to meet their essential needs, on a regular or seasonal basis, and its average cost.
[22] REVA-2 (2018) MEB value was adjusted by three years of inflation rates for food and non-food items from 20192021, and set at BDT 2,043 per capita per month, with a food MEB threshold (SMEB) of BDT 1,340 per capita per month.

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, similar to 2021 resultsFigure 15. These results highlight the critical role of humanitarian assistance for food security, since without it, almost all households would be unable to cover their minimum consumption needs.

Economic vulnerability among host community households without assistance 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.

Humanitarian assistance has helped cushion the entirely aid-dependent Rohingya population against COVID-19 impacts and price spikes by sustaining the same level of economic vulnerability, yet not improving it due to the limited humanitarian resources, which make it difficult to cover all essential needs, and the lack of livelihood opportunities, which if secured would enable refugees to cover part of their essential needs through their own resources. In the host community, households continue to be affected by the slow recovery from the pandemic's negative impacts (reduced incomes and increased prices), which have diminished household purchasing power and the ability to pay for their basic needs. Therefore, livelihood programmes continue to have a critical role in reducing vulnerability among the host community population and preventing them from falling deeper into poverty, especially amid local economic disruptions induced by the ongoing pandemic.

Figure 15: Economic vulnerability levels with and without assistance (2019-2021)

Without assistance (simulated scenario)

■ Below Food MEB ■ Between food MEB and MEB ■ Above MEB

	Unregistered			Registered			All Rohingya			Host community		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Above MEB	8%	4%	6%	17%	17%	12%	8%	4%	6%	74%	67%	68%
Between food MEB and MEB	24%	10%	13%	35%	24%	22%	24%	10%	13%	23%	23%	24%
Below Food MEB	68%	86%	81%	48%	60%	66%	68%	85%	81%	3%	10%	8%
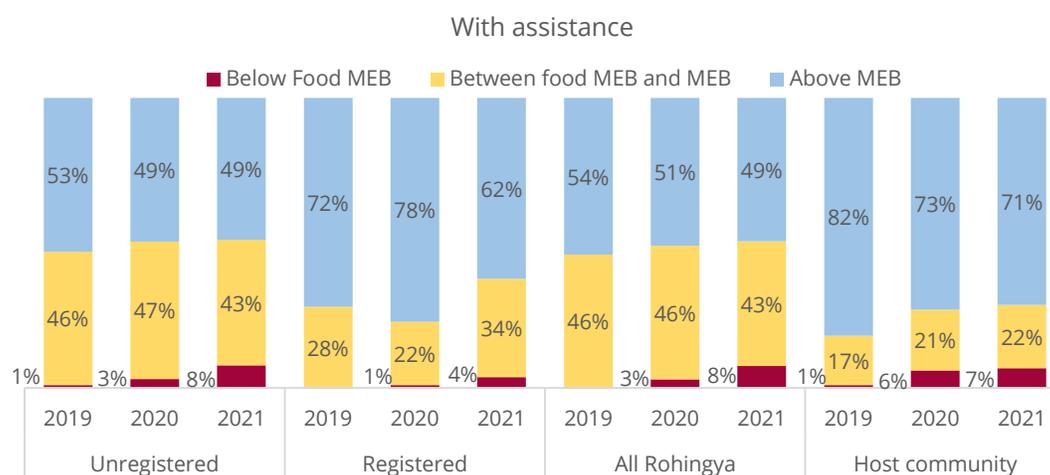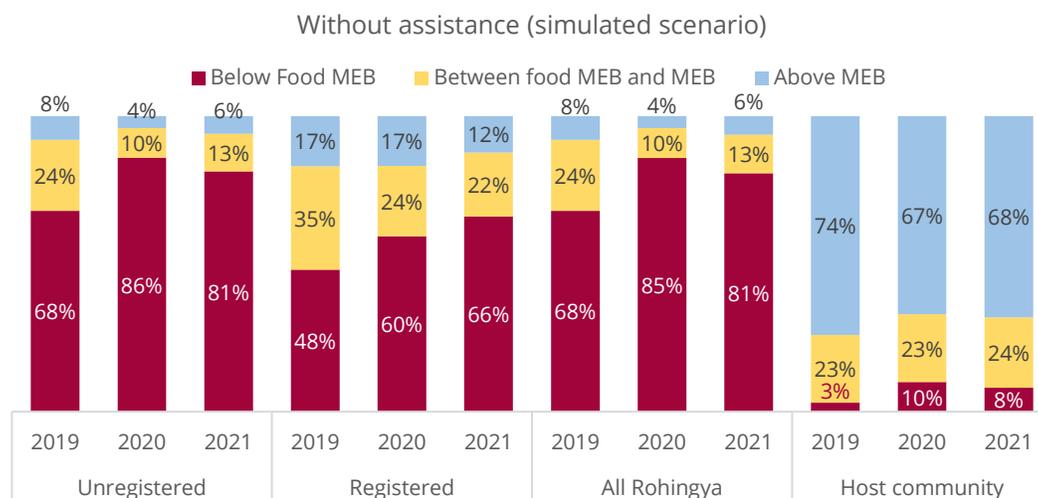
3.4 Food consumption

Overall trends

The overall proportion of Rohingya households with inadequate food consumption (poor and borderline) improved slightly in 2021 to 45 percent, compared to 50 percent in 2020. The proportion of Rohingya households with acceptable food consumption increased from 50 to 55 percent between 2020 and 2021. Despite this slight increase, results show that 22 percent of households with an acceptable food consumption in 2021 have an adequate food diet. Additionally, this increased share of acceptable food consumption may be also driven by the transition from commodity to value vouchers, which increased refugees' ability to select their preferred food items. For the host community, inadequate food consumption worsened in 2021 reaching 38 percent (Figure 16), due to an increase in the proportion of households with borderline food consumption. This highlights the continued challenges that host communities have faced in meeting their food consumption needs since the pandemic began and their slow recovery from job and livelihood losses.

Figure 16: Food consumption score trends between Rohingya and host community (2017–2021)
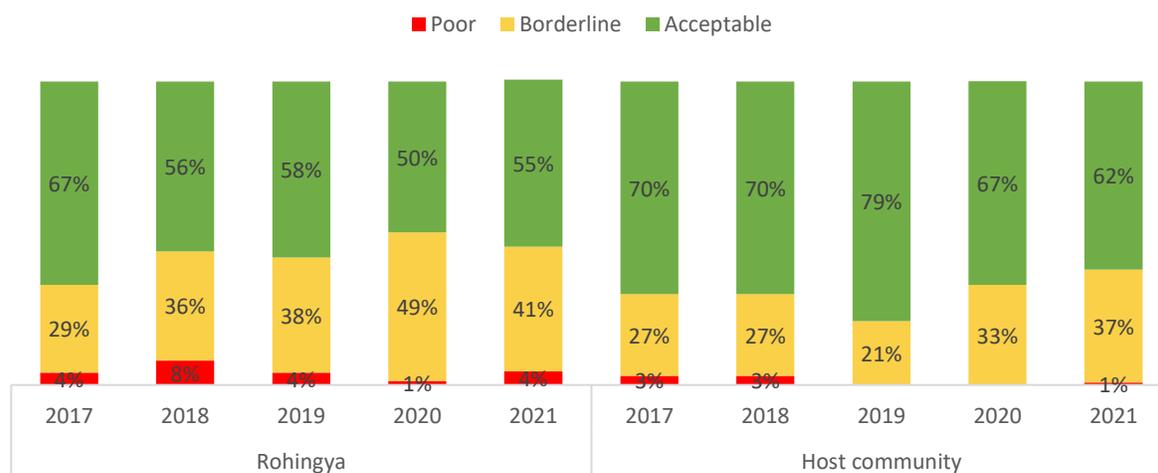
Figure 17: Food consumption score trends among registered and unregistered Rohingya (2017–2021)
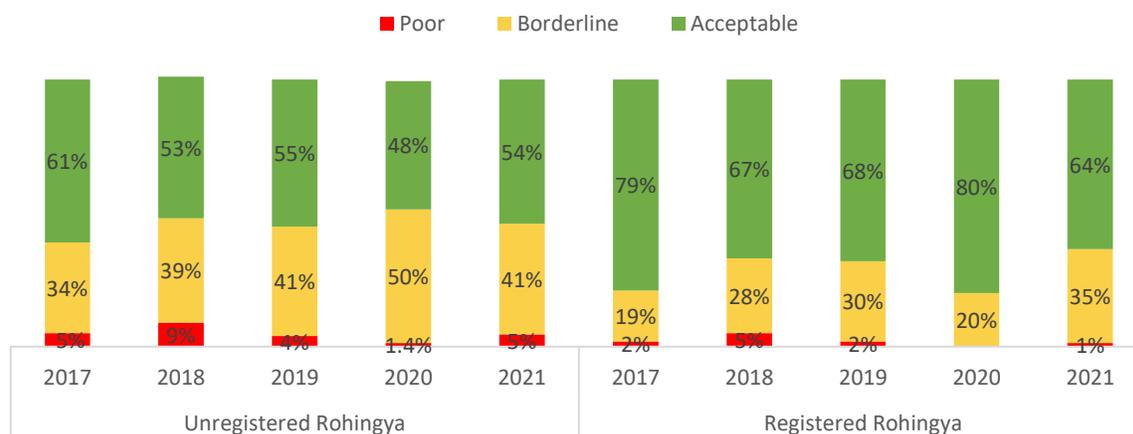
Food consumption scores within different population segments

The proportion of households with inadequate food consumption is higher among unregistered Rohingya than registered refugees at 46 and 36 percent, respectively (Figure 17). These food consumption outcomes are similar to previous years and could be due to better access to labour opportunities and markets among registered refugees. Food consumption levels were similar between female- and male-led Rohingya households given WFP's standardized assistance entitlements, which exhibits the possible results of targeting efforts to the vulnerable group previously identified. Within the host community, however, a higher proportion of women-led households reported inadequate food consumption as compared to male-led households (48 versus 36 percent, respectively).

In terms of inadequate food consumption (poor and borderline consumption), Camp 5 was found with the highest proportion of households (more than 80 percent) with unacceptable food consumption status followed by Camps 4-Extension and 6, where 70 to 80 percent of households had unacceptable food consumption, which

requires further investigation. In Camps, 1 West, 2 East, 2 West, 3, 4, 18, 19, 20 and 20-Extension, 60-70 percent of households had unacceptable consumption. In the 50-60 percent range were camps 7, 13, 14, 15, 21, 22, 23, 24, 25 and 27. The Ukhiya host community showed poor food consumption among 44 percent of households versus 33 percent households in Teknaf, even higher compared to both the registered refugee camps in Ukhiya (36 percent) and Teknaf (37 percent).

Figure 18: Proportion of households with inadequate food consumption (FCS below 42) in different camps
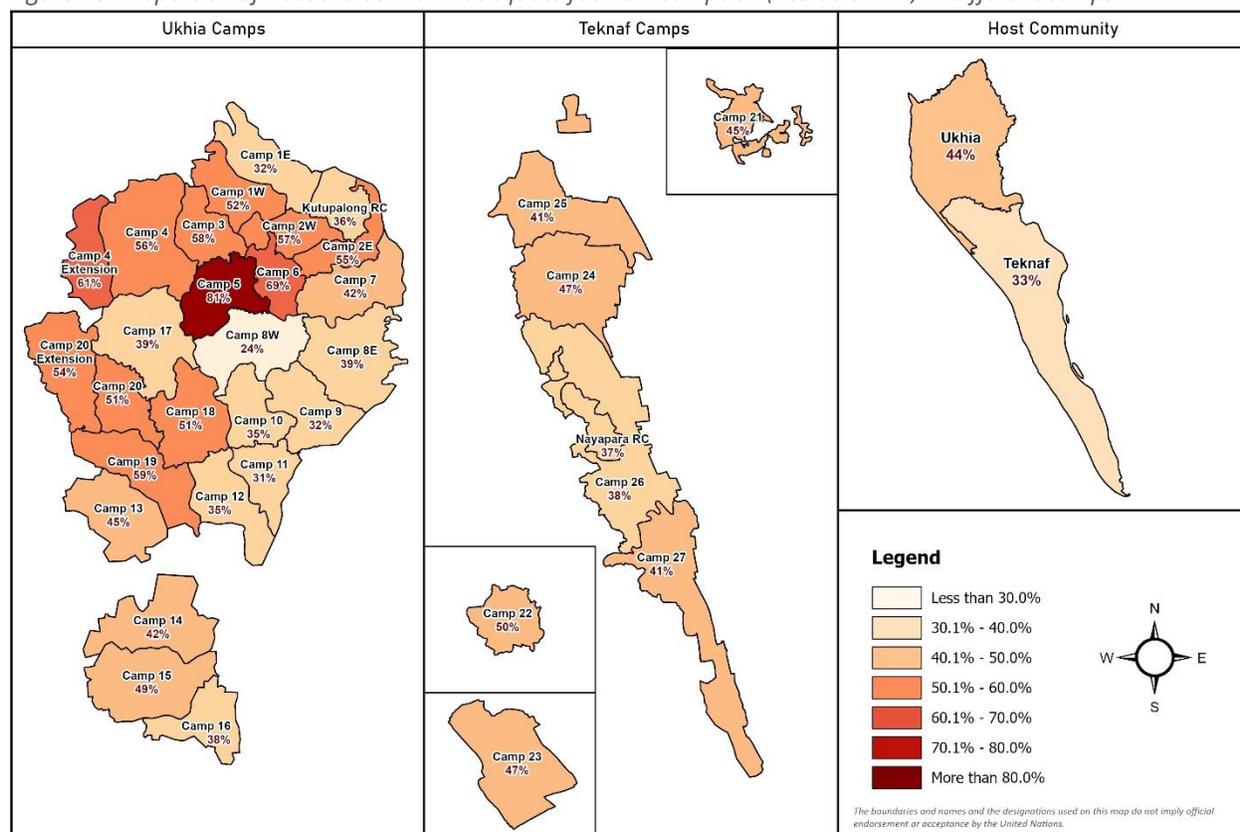
Dietary diversity

Household dietary diversity[23] remains comparable in 2021 with 2020 levels in both the Rohingya and host communities. On average, Rohingya households consumed 5.0 food groups a week, while the host community consumed 5.2 food groups. Food consumption frequency[24] was similar among Rohingya and host community households with cereals and oil being consumed daily. Since pulses are part of the General Food Assistance basket, more frequent consumption of pulses was seen among Rohingya households compared to the host community. The host community, on the other hand, had a greater consumption frequency of animal proteins, particularly fresh fish, and vegetables as compared to Rohingya households as a result of higher incomes and better access to fresh products through markets and own production. Thanks to the scale-up of WFP's Fresh Food Corners 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).

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[23] 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.

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

Figure 19: Number of days each food group was consumed
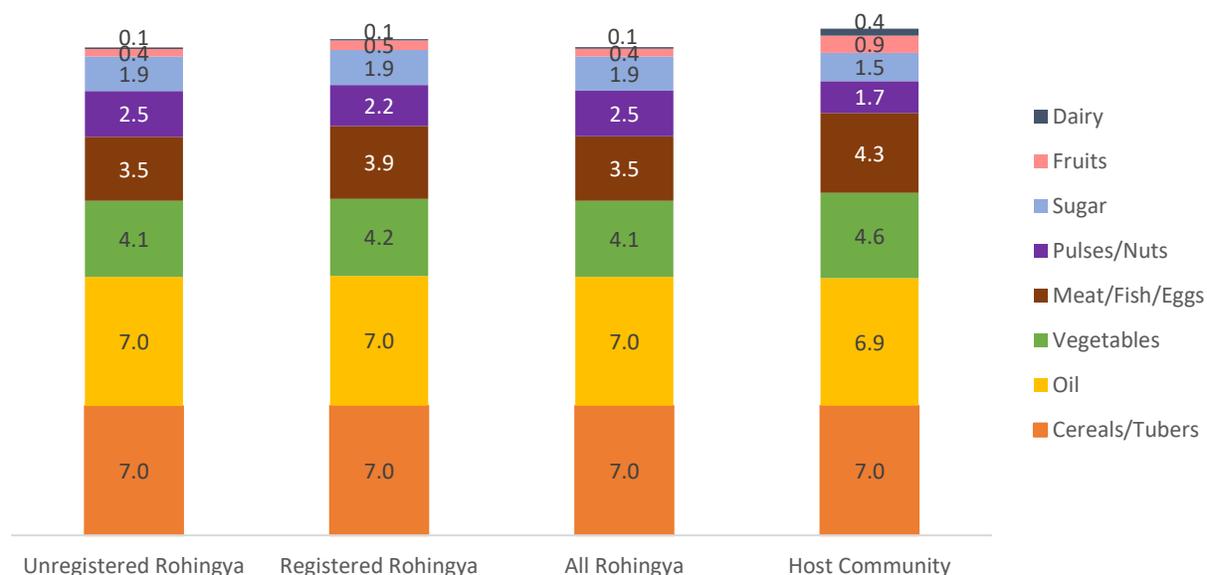
Micronutrient-rich food groups[25]

The consumption of iron-rich foods was lower among Rohingya than among Bangladeshis, with 16 and 3 percent of households respectively not consuming any iron-rich foods in a given week. However, Rohingya household results improved in 2021, as compared to 2020 when 22 percent of households did not report consumption of any iron-rich foods in the week preceding the REVA. In 2021, similar results were seen among registered and unregistered Rohingya households: 16 percent of unregistered Rohingya households reported no consumption of iron-rich foods in the seven days before the survey, compared to 8 percent of registered refugees. Regarding vitamin A and protein-rich foods, results show that registered Rohingya appear to have a slightly better consumption level of those micronutrient-rich foods than unregistered households.

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[25] The survey used the following vitamin A-rich food groups: dairy, organ meat, eggs, orange vegetables and fruits and dark green leafy vegetables. The protein-rich food groups were pulses, dairy, flesh meat, organ meat, fresh fish and eggs. The haem iron-rich food groups were flesh meat, organ meat and fresh fish.

Figure 20: Consumption of micronutrients

Food consumption transition: movement in and out of acceptable food consumption

Since 2020, 48 percent of Rohingya panel households[26] retained their previous food consumption levels (Figure 21), of which 21 percent of households were in the borderline category, followed by 27 percent with acceptable consumption, and zero percent in the poor consumption category (Table 5). The proportion of households moving into decreased food consumption grew by 2 percent at 27 percent in 2021 and the proportion of households newly entering into the lower consumption increased by 1 percent at 25 percent in 2021. The shift

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[26] Equivalent to 28 percent of overall Rohingya households in 2021 sample

was less pronounced in nature due to the reopening of the economy and the completion of the transition from in-kind assistance to value (e-)vouchers.

The shift was highly pronounced within the host community with 26 percent falling in the low consumption status (15 percentage points higher than in 2020) and 20 percent of households with increased consumption (a 4 percentage point decrease from 2020). However, out of the 54 percent of panel households with a consumption similar to 2020 (Figure 21), 14 percent and 40 percent of households were in the borderline and acceptable consumption categories, and none were in the poor consumption category.[27]

Figure 21: Changes in vulnerability status of Rohingya and host community households (2019–2021)
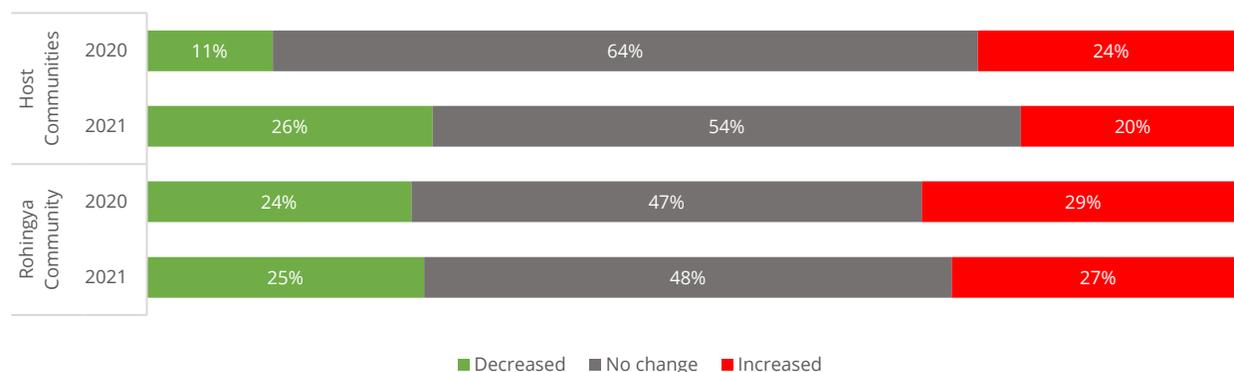
Table 5: Changes in food consumption status of Rohingya and host community households (2020–2021)

Rohingya Community			
2020 \ 2021	Acceptable	Borderline	Poor
Acceptable	26.8%	21%	2%
Borderline	25%	21%	3%
Poor	0.7%	0.5%	0%

Host Communities			
2020 \ 2021	Acceptable	Borderline	Poor
Acceptable	40%	25%	0.3%
Borderline	19.8%	14.0%	0.3%
Poor	0.3%	0.3%	0%

3.5 Coping strategies

When faced with a crisis or shock, people tend to adopt various mechanisms in their day-to-day decision making and activities to cope with resource constraints. The coping indicators are measures of access to food and economic opportunities, while the extent and nature of coping strategy adoption vary based on the severity of the shock and pre-existing household vulnerabilities. Two kinds of coping indicators are considered when determining household vulnerability: consumption-based coping strategies [28] and livelihood-based coping strategies.[29]

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[27] This figure represents 19 percent of overall host community households in the 2021 sample.
[28] Defined as strategies adopted by households that involve reducing household food consumption to deal with a lack of food or money to buy food.
[29] Strategies that erode productive capacities over time and impact a household's future ability to meet essential needs.

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 needs. 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 at least one day, representing the coping strategy most frequently used for both populations in the week prior to REVA-5 survey. 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 on at least one day in the week prior to the survey.

The registered Rohingya fared slightly better than unregistered Rohingya in terms of consumption-based coping strategies, although 71 percent of households adopted some form of consumption-based coping behaviour, which was 3 percentage points lower than among the unregistered Rohingyas. The most significant difference between registered and unregistered refugee households was seen in the reliance on support from friends and relatives. A lower proportion (26 percent) of registered households were found seeking support from friends and relatives compared to the 37 percent of the unregistered Rohingya. The proportion was 2 to 5 percent lower across all individual strategies (consuming less preferred food, restricting adult consumption, reducing the number of meals, and reducing portion size) for the registered refugees compared to their unregistered counterparts.

In both communities, the proportion of households employing each of the food-based coping strategies increased from 2020, apart from the reliance on less preferred or less expensive food, which was reduced in the camps, most likely reflecting WFP's full transition to value vouchers.[30] Still, the proportion of households employing each strategy was significantly higher in the camps than in the host community, except for the restriction of adult food consumption for which the difference was not significant.

Figure 22: Consumption-based coping strategies among the Rohingya and host communities (2017-2021)
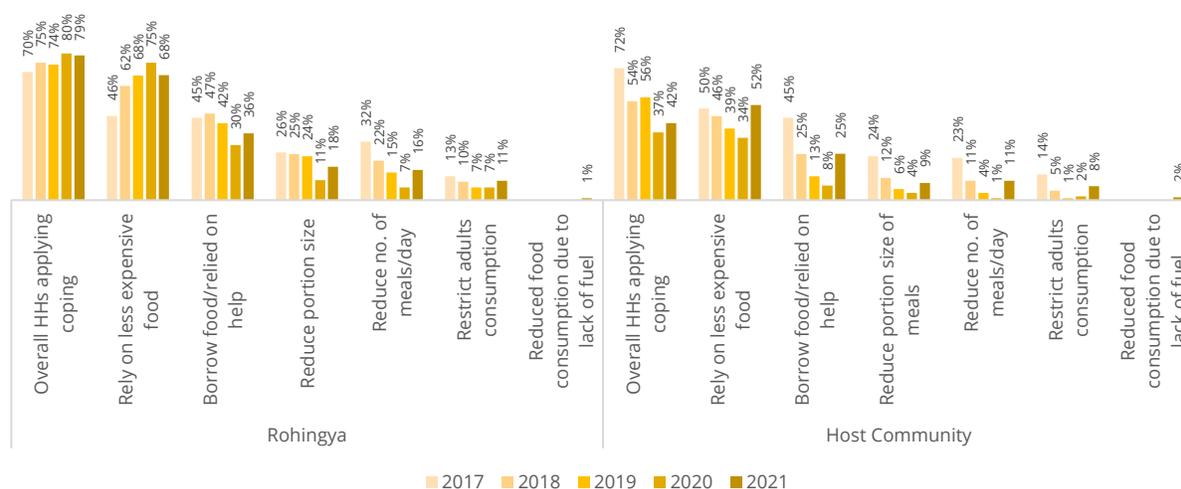
Livelihoods-based coping

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[30] 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, fixed food basket to prevent the time spent in WFP assistances sites.

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 (Figure 23). 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 weathering hardships to meet their essential needs, likely due to the pandemic's impact on the local economy and livelihoods, and 2021 government 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 negative 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 was correspondingly higher than in the camps (43 and 26 percent respectively). Also, a larger share of households in the host community did not use any coping strategy compared to Rohingya households (18 and 10 percent respectively).

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

Figure 23: Trends in the prevalence of livelihood-based coping strategies (2017-2021)
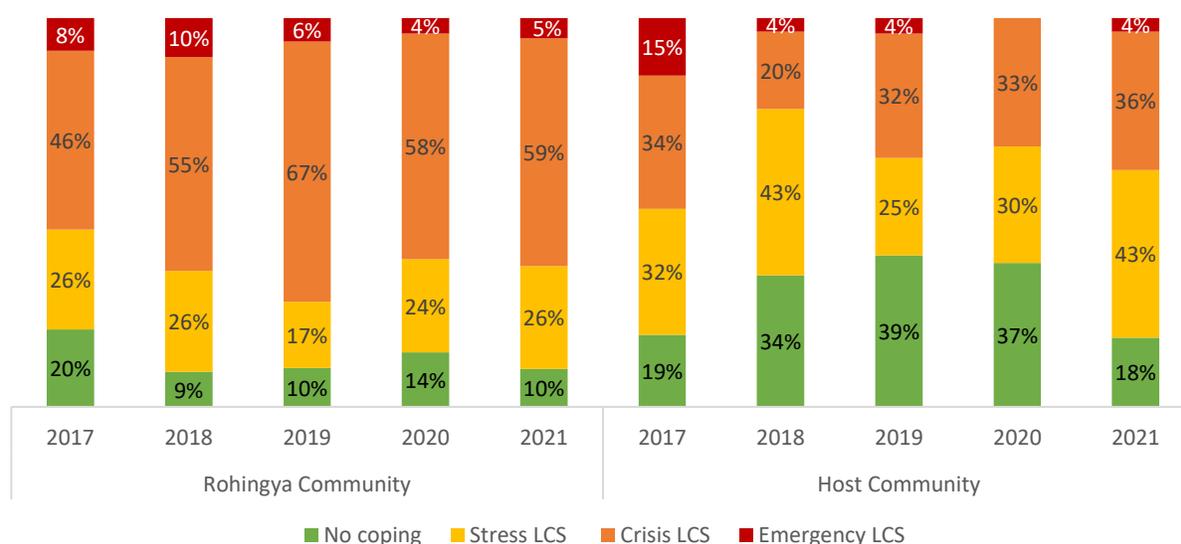
Figure 24: Trends in the adoption of livelihood-based coping strategies (2017-2021)
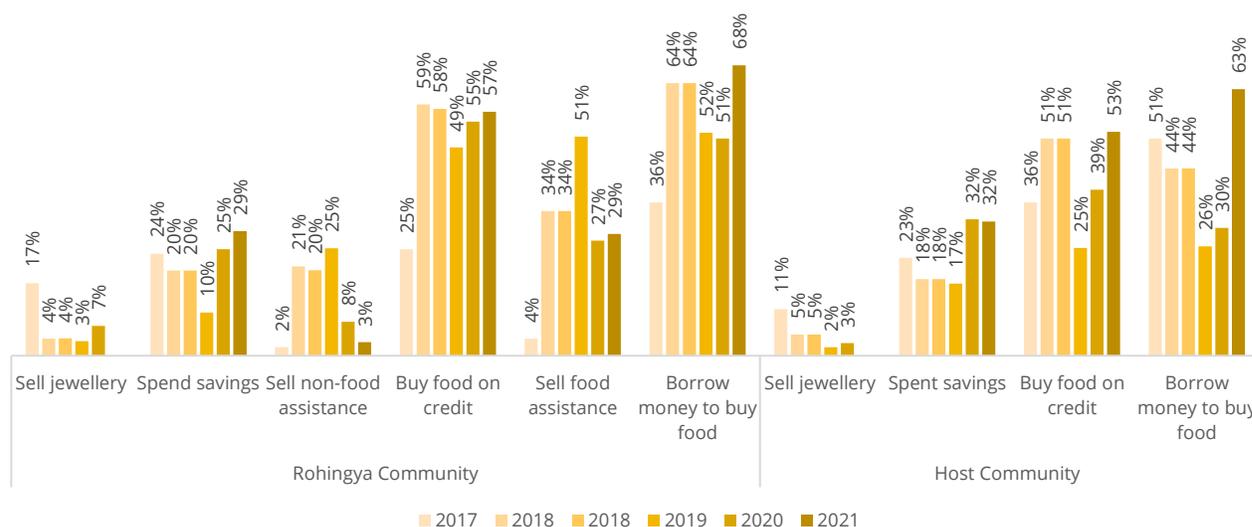
A higher proportion of registered refugees than unregistered Rohingyas were found adopting crisis coping strategies (64 percent versus 59 percent). For example, a higher proportion of registered refugees (55 percent) reduced essential non-food expenditures as compared to 38 percent of unregistered households. Similar trends were observed for the other two crisis strategies with the sale of assistance reaching 29 percent among the unregistered population and 18 percent among the registered, and the reliance on community support reported by 27 percent and 12 percent of households, respectively.

The proportion of households not adopting any livelihood-based coping strategies was 2 percentage points lower among registered refugees than the unregistered (8 percent versus 10 percent).

In terms of adoption of severe livelihoods coping strategies (crisis and emergency level), Camp 8 West was found with the highest proportion of households applying severe livelihoods coping strategies (more than 80

Figure 25: Prevalence of livelihood based coping strategies among registered and unregistered refugees in 2021

percent) followed by camps 7, 8 East, 9, 10, 13, 15, 16, 18, 19, 22 and 25 with 70–80 percent of households in the same category. In the Kutupalong and Nayapara Registered Camps − along with camps 1W, 2E, 14, 20-Extension, 23, 24, 26 and 27, 60−70 percent of households reported adopting severe coping strategies. Camps 2W, 4, 5, 6, and 7 were found in the 50–60 percent range. In both host communities (about 40-50 percent of households reported adopting severe coping strategies (38 percent of households in Ukhiya and 40 percent of households in Teknaf), which was also similar for camps 3 and 4-Ext.

Figure 26 Proportion of households adopting crisis or emergency livelihoods coping in different camps
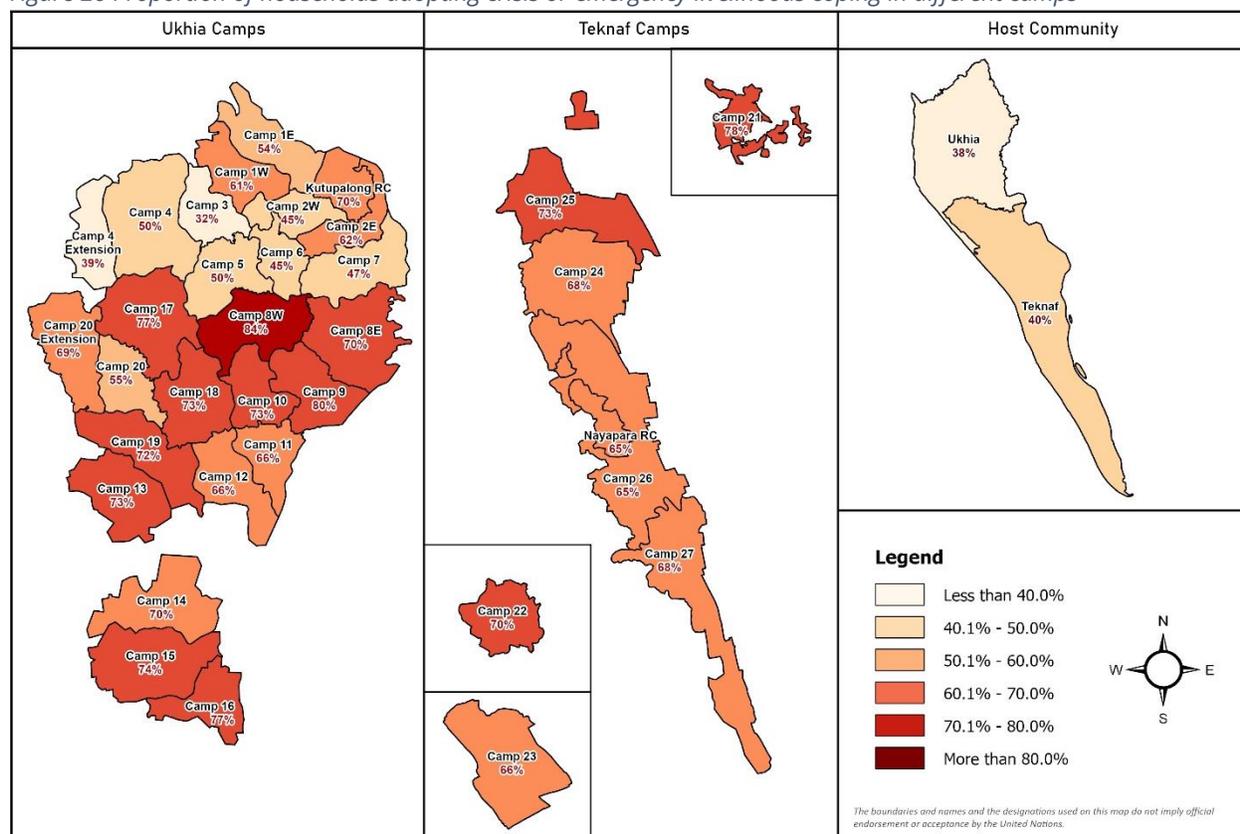
Over 78 percent of Rohingya households adopted livelihood coping strategies during the 30 days prior to the survey in order to access food. Within the host community, access to food is slightly less cited as a reason for resorting to livelihood coping strategies (75 percent), while access to healthcare features slightly more in the camps than in the host community (19 versus 17 percent). Access to food was also slightly less reported by registered refugees compared to the unregistered population (17 percent and 19 percent respectively).

Figure 27 Proportion of households citing different reasons for adopting livelihoods based coping strategies
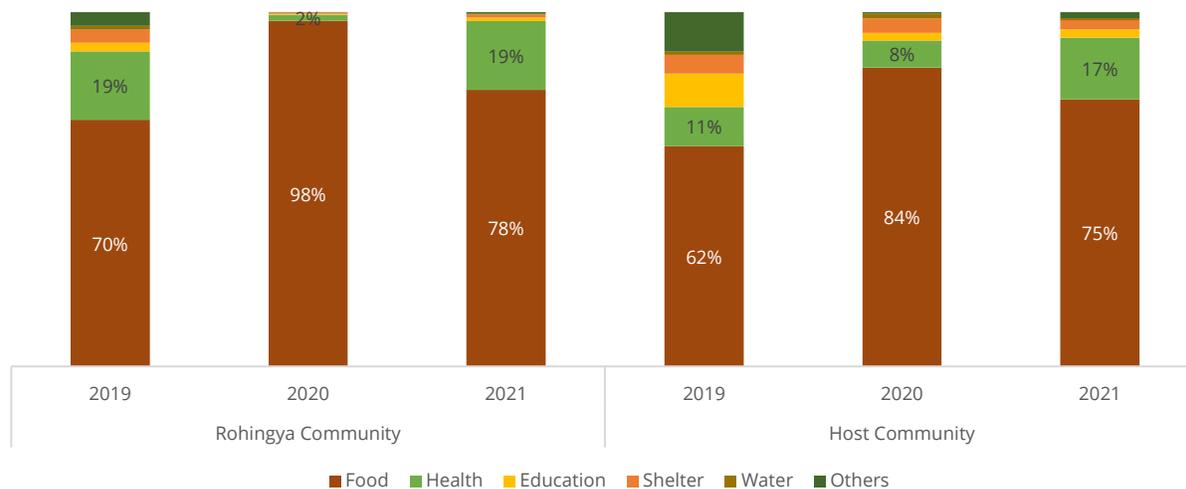
3.6 Credit

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. Within the Rohingya community, households contracted debt mainly to cover healthcare followed by food expenses (similar among unregistered and registered refugees). For households in the host community, the primary reason for indebtedness was to meet food and healthcare expenditures, which reflects the difficulties that households faced in covering their basic needs by their own means.

In the camps, the proportion of households contracting debts to cover healthcare needs continued to increase, rising from 36 to 52 percent between 2020 and 2021. On the other hand, the number of households going into debt to cover food needs continued to decrease from 55 in 2020 to 42 percent in 2021. 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 decreased slightly, especially debts for financing businesses. About 93 percent of households that reported not having income in the past 30 days were found contracting debts in the Rohingya community while 100 percent were for the host community households. The households who reported not having income in the past 30 days were highly likely to report contracting credit in both communities.

Figure 28: Trends in overall credit dependency (2017-2021)
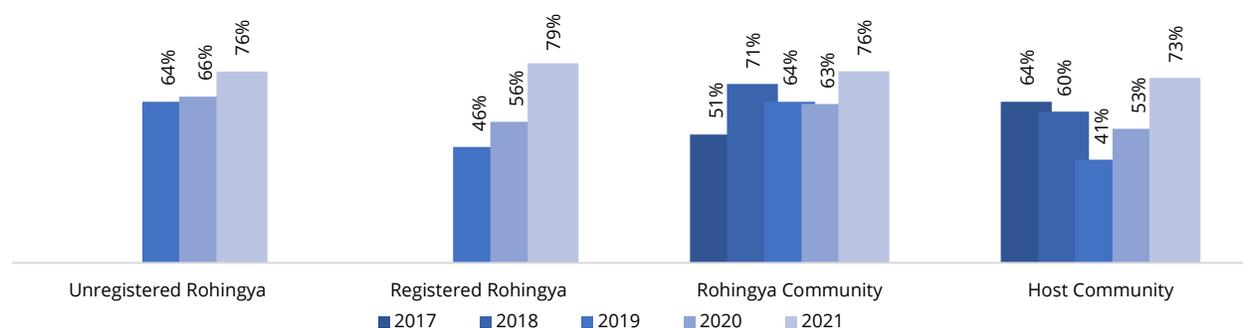
Registered Rohingya households contracted debts at a slightly higher proportion (79 percent) than unregistered refugees and host community households (both 73 percent). The strain on livelihoods has increased credit-seeking behaviour even more than in 2020 again, indicating the economy's poor recovery after the pandemic.

Figure 29: Reasons cited for contracting debts (2017–2021)

Chart: Rohingya Community — Food expenditure (2017: 56%, 2018: 62%, 2019: 64%, 2020: 55%, 2021: 42%), Health expenditure (2017: 15%, 2018: 23%, 2019: 28%, 2020: 36%, 2021: 52%), Others (2017: 29%, 2018: 15%, 2019: 8%, 2020: 7%). Host Communities — Food expenditure (2017: 38%, 2018: 36%, 2019: 44%, 2020: 31%, 2021: 36%), Health expenditure (2017: 37%, 2018: 21%, 2019: 21%, 2020: 38%, 2021: 36%), Financing a business (2017: 5%, 2018: 9%, 2019: 12%, 2020: 7%), Agricultural inputs expenditure (2017: 9%, 2018: 7%, 2019: 5%), Construction/repair expenditure (2017: 2%, 2018: 1%, 2019: 2%, 2020: 3%, 2021: 4%), Education expenditure (2017: 6%, 2018: 2%, 2019: 2%), Others (2017: 23%, 2018: 37%, 2019: 9%, 2020: 7%, 2021: 10%). Legend: 2017, 2018, 2019, 2020, 2021.

3.7 Local economy

Sectorial involvement[31]

Almost all Rohingya households reported WFP General Food Assistance as their main income source, while only 3 percent of the host community households reported humanitarian assistance as 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 sale of assistance, and begging. Among host communities, wage income/salaried work and non-agricultural trade or services-based income represented the highest share of work-based income sources.

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[31] Sectorial involvement is measured by asking the respondent to identify the major sources of income that any of their household members had engaged in during the 30 days prior to the survey. This 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 income sources available in general and accessible in an economy.

Figure 30: Types of income sources reported in Rohingya and host communities
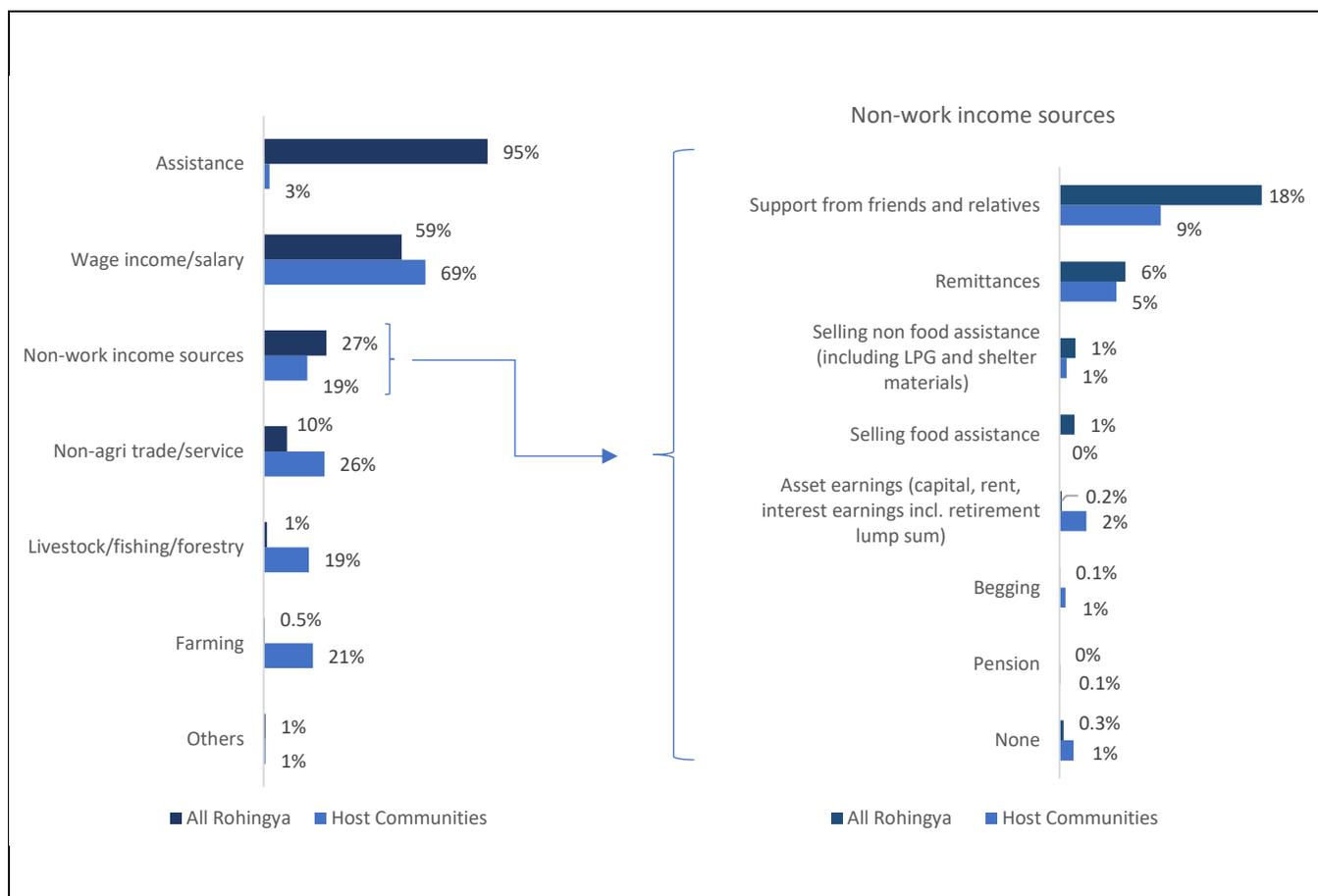
Rohingya households reported earning BDT 3,962 (USD 45) per month through paid work[32], whereas host community households reported up to 3.5 times greater income (BDT 13,950 or USD 158) from the same. Rohingya's lower earnings compared to the host community were caused by lower wage rates and fewer days of work available.[33]

About 33 percent of Rohingya households and 4 percent of host community households had no work-based income sources other than assistance in the 30 days prior to the REVA-5. The difference is also pronounced between unregistered Rohingya and registered refugees, where 33 percent of unregistered households had no work-based income sources other than assistance versus 20 percent of registered households. This reflects better access and livelihoods opportunities that registered refugees have to engage in the host community economy outside the camps.

No significant change was observed in the different types of economic activity in which men and women engaged among Rohingya households. Men continued participating in daily wage labour or running small businesses and shops, while women continued engaging in home-based activities or relatively more secure salaried jobs

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[32] Any paid work excluding values gained from assistance based income
[33] REVA-4, 2020.

Figure 31: Jobs done by men and women in the Rohingya and host communities
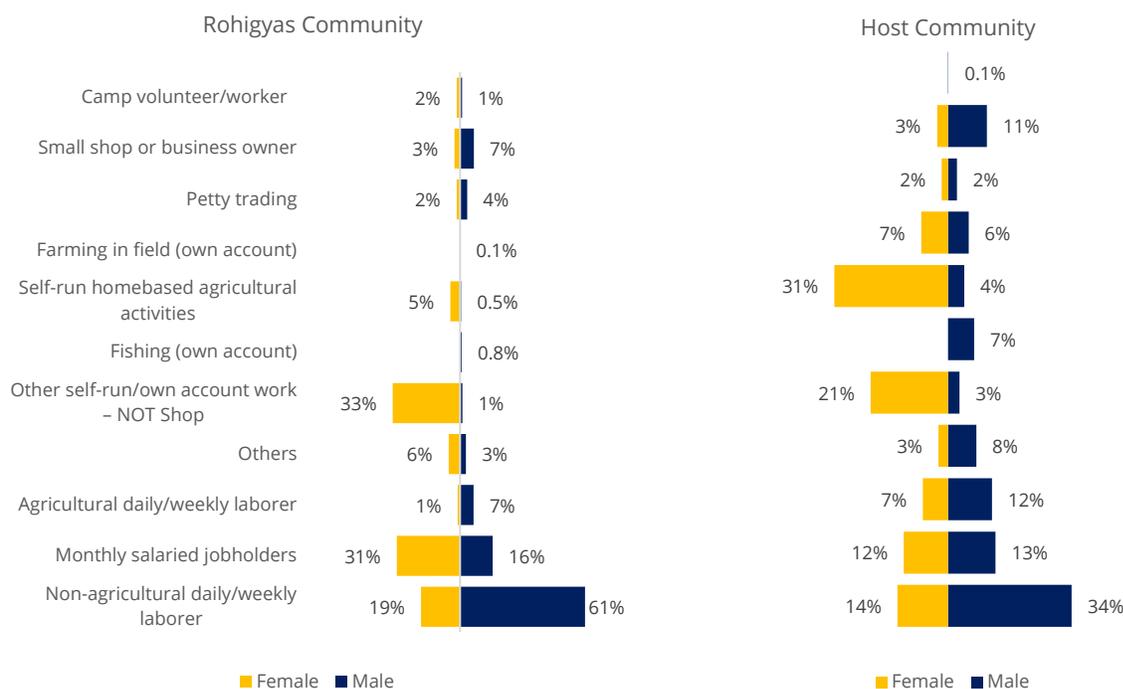
Main income-generating activities in host communities and camps

Dependence on General Food Assistance as the primary income source was the main difference between the host and Rohingya communities, underlining the significant lack of self-reliance opportunities available to the Rohingya. In addition, only 30 percent of income came from work-based income sources in the Rohingya camps compared to 91 percent for the host community.

The engagement of registered Rohingyas was skewed towards salaried/regular work followed by non-agricultural wage labour, which was the opposite among the unregistered Rohingya who engaged mostly in irregular daily or casual labour.

Figure 32: Major income sources in the Rohingya and the host communities
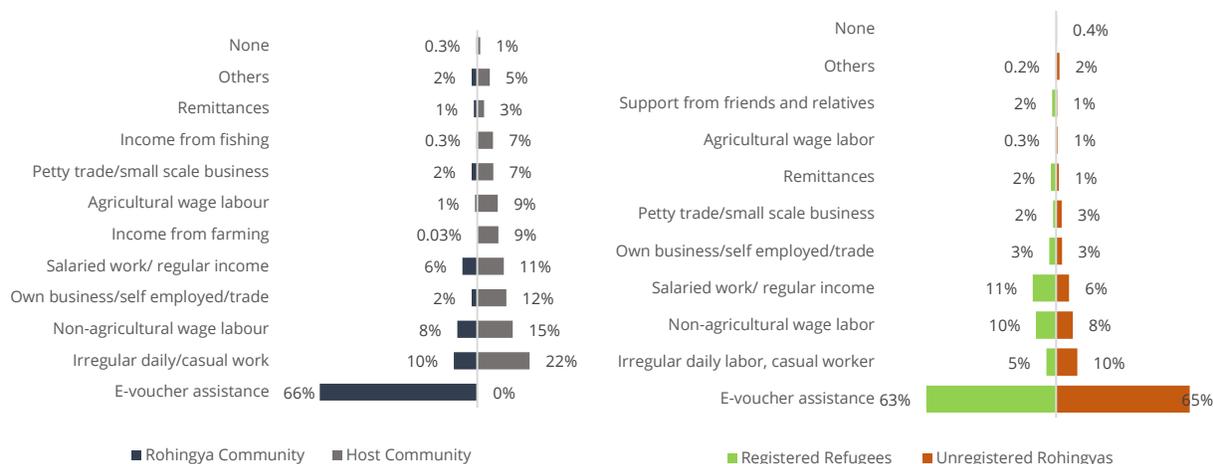
Labour force participation, employment and unemployment[34]

Labour force participation in both the refugee and host communities has remained roughly equal compared to 2020 despite the heightened unemployment rates evidenced in REVA-5 (Table 6). Among the Rohingya, 36 percent of people were engaged in the labour force (those who were working and willing to work or looking for work), 2 percentage points lower than 2020. This implies that bare minimum income opportunities since 2017 were reduced further for the refugee population due to government restrictions on livelihoods. Out of the 36 percent of refugees engaged in the labour force, half were employed and half were unemployed. The employment rate decreased for the Rohingya and remained similar in the host community as compared to 2020, showing 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.

Table 6: Labour force indicators in 2020 and 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%

The gap between men and women participating in the labour force remains significantly high in both communities. Among the Rohingya, 65 percent of men were participating versus only 12 percent of women, while it was 71 percent men and 17 percent women in the host community. A slight improvement in women's labour force participation was observed in both communities with 12 percent of Rohingya women participating in the labour force (a 2 percent increase from 2020) and 17 percent of women within the host community (a 4 percent increase from 2020). Despite these gains, the unemployment rate has almost quadrupled since 2019 (growing from 22 to 75 percent) and unemployment grew by 16 percent from 2020 to 2021. Although 2019 and 2020 employment and unemployment rates were comparable for men, they took a significant downturn in 2021 when unemployment increased by 14 percent. For the host community, employment rates also decreased with a slight increase in unemployment.

Table 7: Labour force indicators disaggregated by gender in 2020 and 2021

		Rohingya community				Host community			
		2020		2021		2020		2021	
		Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Labour force participation (population level)		70%	10%	65%	12%	72%	13%	71%	17%
% of labour force (%HH)	Employed	61%	41%	47%	25%	88%	76%	87%	70%

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[34] 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.

	Unemployed	39%	59%	53%	75%	12%	24%	13%	30%
% of overall population	Employed	43%	4%	34%	5%	63%	10%	62%	11%
	Unemployed	28%	6%	31%	7%	9%	3%	10%	6%

Livelihoods and vulnerability levels

Eighty percent of Rohingya households identified as highly vulnerable had an average monthly income of BDT 3,401 (USD 39) or less. By comparison, 12 percent of highly vulnerable host community households reported an average monthly earning of BDT 8,447 (USD 95) or less (Figure 33). 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 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, 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 to have significantly lower (around BDT 300 lower) per capita income compared to household heads with primary or above primary education [35].

Figure 33: Household incomes levels for different vulnerability categories

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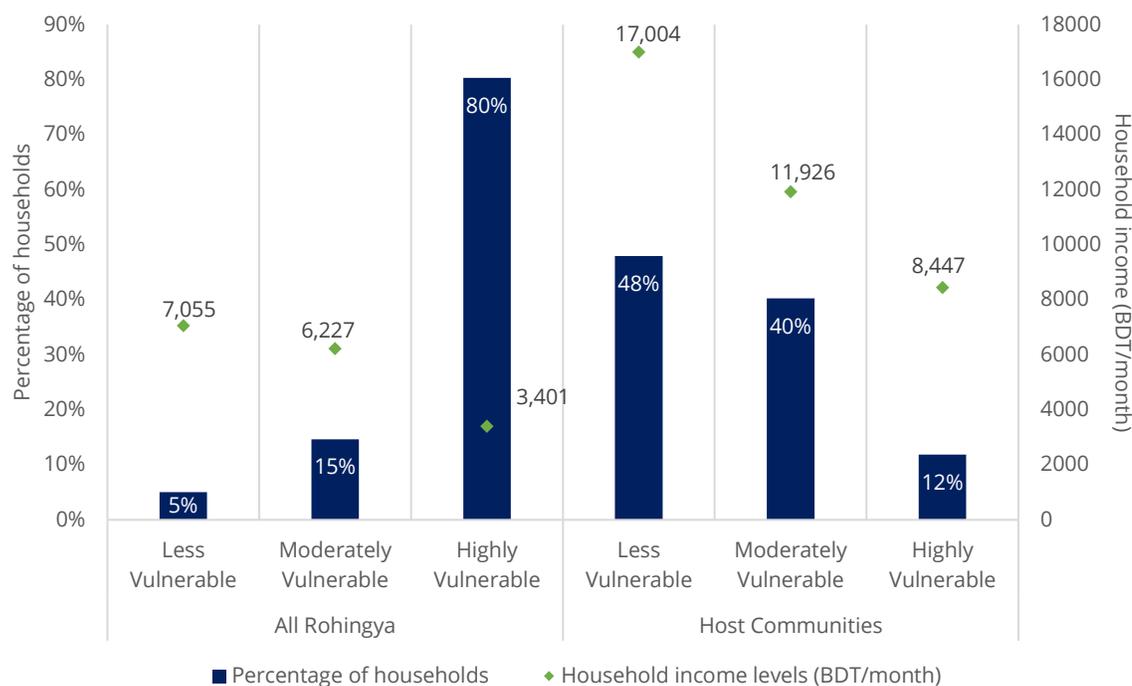
[35] Pearson's chi-squared test, refugees p=0.000 and host communities p=0.012

3.8 Asset ownership

Ownership of key household utilities increased from 2020 to 2021, but ownership of poultry and jewellery reduced significantly among both communities (**Error! Reference source not found.**). However, in comparison to 2019 (pre-COVID-19), panel analysis revealed that the asset depletion (reduction in the proportion of households owning different assets) was significant. This demonstrates that asset ownership is improving from 2020 to 2021, but remains below pre-pandemic levels.

Table 8: Asset ownership status in 2021 compared to pre-COVID-19 (2019) and 2020[36]

Asset	Refugee Community		Host Community	
	2021 status vs. pre-Covid-19 status (panel)	2021 status vs. 2020 status	2021 status vs. pre-Covid-19 status (panel)	2021 status vs. 2020 status
LPG/Kerosene Stove	▼	▲	▼	
Mobile phone	▼	▲	▼	▲
Functional solar for light		▲		▲
Functional solar home system		▲		
Functional solar mobile charger		▲		
Non-functional solar mobile charger		▲		
Pressure cooker				▲
Electric bulb		▲		▲
Electric fan	▼	▲	▼	▲
Electric devices (DVD player, TV, Refrigerator etc.)			▼	
Water tank		▲		▲
Food container		▲		▲
Cooking utensils	▼	▲		▲
Bicycle	▼			
Motor vehicle			▼	
Agricultural tools			▲	
Fishing net			▼	
Livestock	▲			
Poultry	▼	▼	▼	▼
Sewing machine	▼		▼	
Jewelry	▼	▼	▲	▼

In Figure 34 below, the asset ownership gap between host and Rohingya households was prominent, especially for productive agricultural and non-agricultural assets. Significant depletion of other electronic devices, such as televisions, refrigerators and DVD players was observed in both communities, indicating that households were shifting their economic capacity to accrue more essential and affordable assets over other less essential assets in the face of economic loss.

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[36] Test of significance p <0.025

Figure 34: Trends in asset ownership (2020-2021) – retention, depletion, and accumulation
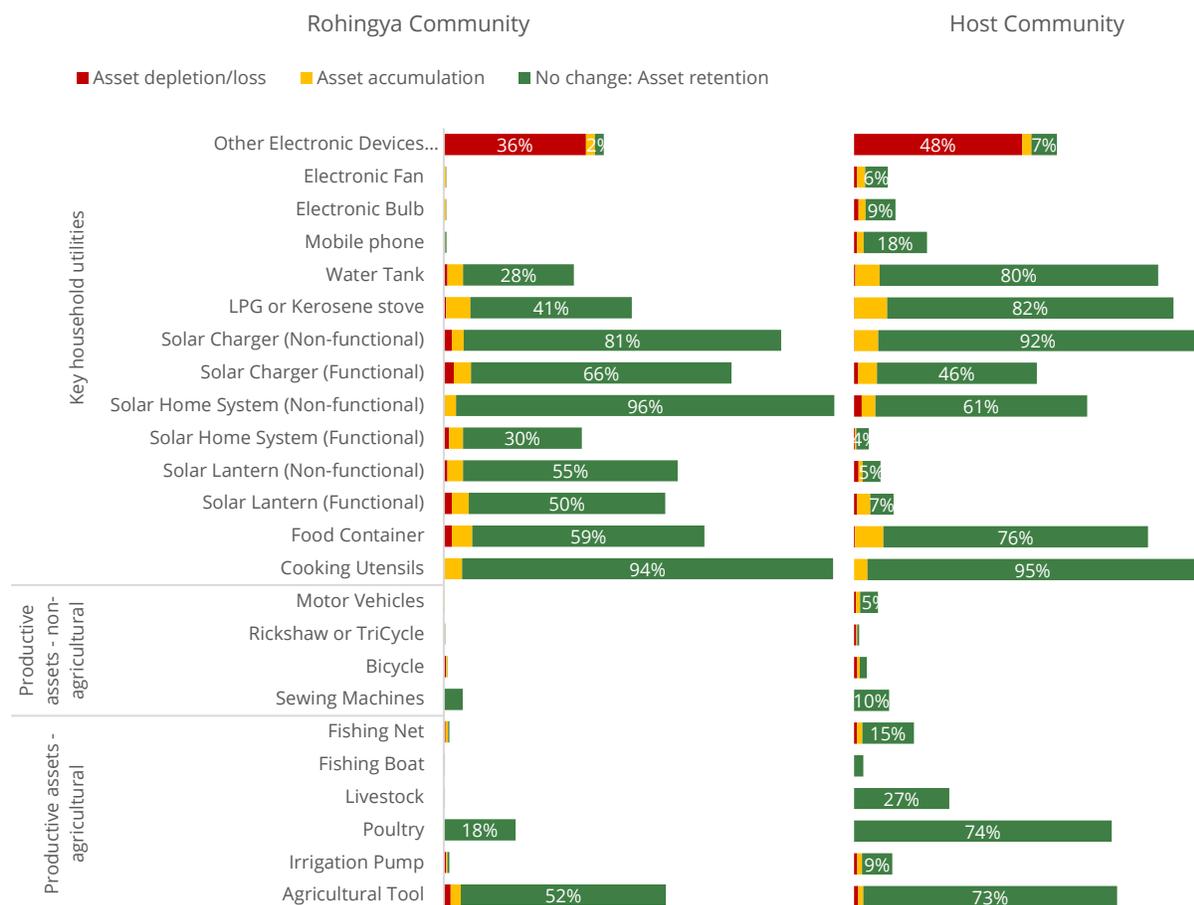
3.9 Multidimensional deprivation index (MDDI)

The multidimensional deprivation index (MDDI) is a measure of poverty that can be constructed at the household or individual level. It is designed to complement monetary poverty measures by weighing deprivation levels related to factors deemed essential to human development. For REVA-5, the key dimensions of multidimensional deprivation were identified as income, food access, health, education and living standards. A set of 14 indicators was used to examine the interaction of those dimensions with household wellbeing to capture the proportion of households experiencing multidimensional deprivation/poverty and the intensity of the deprivation. It is important to note that the exact indicators used in an MDDI can differ from one survey to the next, depending on the structure of the questions posed and the feasibility of using particular metrics during the data collection phase (Annex 1). Consequently, the MDDIs in the 2020 REVA and the 2021 REVA cannot be directly compared.

In 2019 the proportion of multidimensionally-deprived households was 47 percent which increased to 60 percent in 2020 and then improved to 47 percent in 2021. For the host community, the proportion of multidimensionally-deprived households was 23 percent in 2019 which increased by 10 percent in 2020 and another 10 percent in 2021. The strength of humanitarian assistance cushioned the Rohingya community against experiencing greater shocks from the COVID-19 pandemic in 2020. However, the deprivation faced by host community households

has continued to increase year on year, despite special COVID-19 assistance from the humanitarian community, due to the general inadequacy of existing social safety nets.

Income deprivation remains highest in the Rohingya community where 45 percent of households are deprived of income. However, the proportion reduced from 68 percent in 2020 to 45 percent in 2021, yet remains 5 percent higher than that of 2019 when 40 percent of households were multidimensionally poor. The proportion of host community households facing income deprivation has increased slightly every year since 2019, growing from 21 percent in 2019 to 29 percent in 2021. The highest deprivation was faced by female-headed households in the Rohingya camps followed by Rohingya male-headed households and male and female-headed households in the host community. Male headed households in the host community fared the best.

Deprivation of food access saw similar increasing trends for the host community (21 percent in 2019, 33 percent in 2020 and 38 percent in 2021). For the Rohingya households, the deprivation increased by 5 percent from 44 percent in 2019 to 51 percent in 2020 and again down to 46 percent in 2021. Host community male-headed households were found to face less deprivation than other households.

Deprivation of healthcare had reached an all-time high level in 2021 with 76 percent of host and 73 percent Rohingya households facing increased deprivation, which was significantly driven by an increase in number of ill household members during the pandemic. Female-headed households in the host community were found to face higher deprivation compared to others.

Deprivation of education has increased from 25 percent in 2020 to 46 percent in 2021 for the host community and 30 percent to 45 percent for the Rohingya community, and the deprivation levels became similar for both communities which were always on the slightly higher side for the Rohingya households. Host community female-headed households were found facing significantly higher deprivation in the education dimension (56 percent households) over any other households.

Deprivation of living conditions has increased for both communities compared to the pre-pandemic period of 2019 from 15 percent in 2019 to 29 percent in 2021 for the host community, and 25 percent in 2019 to 38 percent in 2021 for the Rohingya households. The host community female-headed households were found with less deprivation (33 percent) and higher for the host community male-headed households (39 percent). Living conditions were more or less similar for both male- and female-led households in the Rohingya community receiving a similar level of household or community level assistance.

Figure 35: Multidimensional deprivation (proportion of households multidimensionally poor)
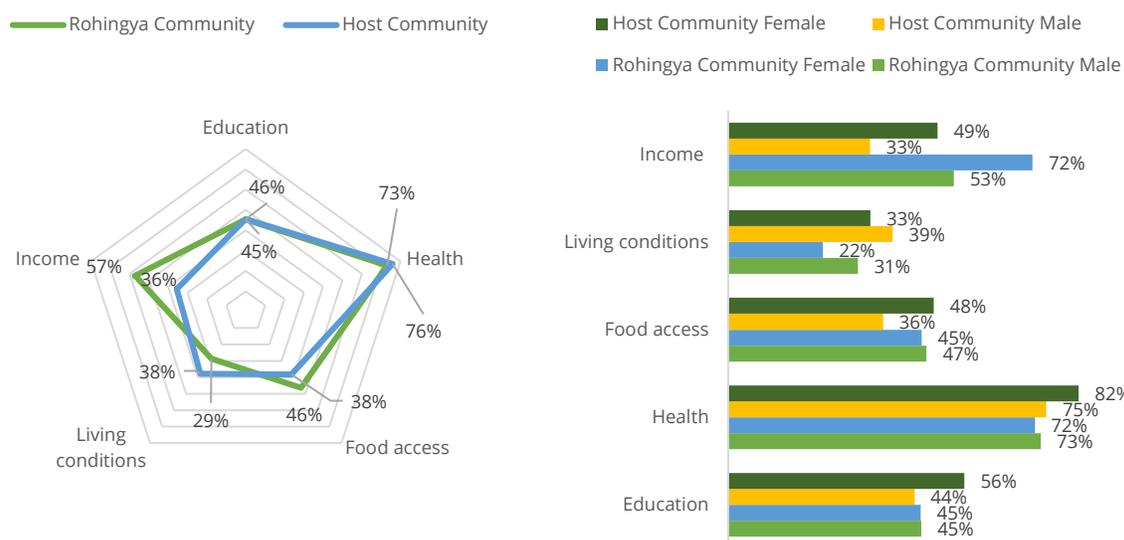
3.10 Resilience capacity in the face of shocks and stressors

The resilience capacity score (RCS)[37] was first piloted in 2021 REVA-5 to assess the resilience capacities of households. The results will be used as a baseline against which future resilience assessments will be compared to. The self-reported score is an aggregate of 4 capacities (anticipatory, absorptive, adaptive, and transformative) and 5 livelihood capitals (human, financial, social, institutional, and informational). The results are disaggregated into 3 classes as follows: low, medium and high resilience capacity[38].

The RCS plotted in Figure 36 for both communities portrays below average (less than 2.5 score out of 5) resilience capacities (anticipatory, adaptive, absorptive, and transformative) existing in both communities where Rohingya households consistently slightly lag behind the host community households. This suggests that none of the communities has the capacity to prepare, respond and transform in the face of environmental (fire hazards,

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[37]Resilience Capacities
- **Anticipatory capacity**: Ability to minimize exposure to shocks and stresses by preventive measures.
- **Absorptive capacity**: Ability to reduce, and cope with, the immediate impact of shocks on people's livelihoods and basic needs, during and after the shock.
- **Adaptive capacity**: Ability to make proactive and informed choices about alternative livelihood strategies based on an understanding of changing conditions.
- **Transformative capacity**: Ability to reduce the impact of shocks by major changes/investments in livelihoods/food systems.

Livelihood Capital
- **Human capital**: skills, knowledge, and practices useful in adapting livelihoods to future shocks.
- **Financial capital**: savings, access to financial services, and regular income or inflows of money that act as a buffer absorbing the effects of shocks or enabling households to invest in adaptive measures.
- **Social capital**: relationships of trust, reciprocity, and exchange that households can draw upon in times of need.
- **Institutional capital**: capacity of households to rely on external support received from the government and other institutions in case of shock
- **Informational capital**: access to information needed for appropriate decisions to protect the household and livelihoods from shocks.

[38]Resilience is the capacity that ensures adverse stressors and shocks do not have long-lasting adverse consequences for development (Food Security Information Network – FSIN-, 2014). Once the RCS is calculated, households are divided in terciles (low-medium-high) to show the distribution of the RCS within the target population. Therefore:
- if RCS<33 the household is categorized as reporting a **low** RCS,
- if 33=<RCS<66 the household is categorized as reporting a **medium** RCS and
- if RCS>=66 then the household is categorized as reporting a **high** RCS.

landslides, storms (windstorm), floods/flash floods, cyclones, lightning, dry spells/heatwaves, storm surge, salinity) or artificial (fire) shocks and stressors, and that Rohingyas might be more at-risk to be negatively affected.

The disaggregation of the analysis by location indicates that the overall resilience capacities in Ukhiya and Teknaf are below average for all communities residing there, pointing at a very high inability of households to face and recover from similar types of shocks and stressors that hinder their resilience.

Figure 36 also represents existing livelihood capitals within the two communities, where the host community appear to have slightly better access to financial capital, whereas the Rohingya community have better access to institutional capital. These results point to better access from the host community households to financial support in case any climatic shocks cause hardship in their community, whereas Rohingya households feel more confident being able to rely on support from institutions to meet their essential needs in case of hardship, which is likely attributed to the larger humanitarian assistance they receive. The disaggregation by sex of the household head shows that male-headed households have better access to financial capital compared to their female counterparts in both communities, but the institutional capital in the Rohingya community was indifferent for male and female-headed households.

For the Rohingya households, a strong correlation was found between the RCS and the multidimensional poverty score, household size, per capita income (excluding assistance-based income), and total household expenditure (both inclusive and exclusive of assistance amount). Higher per capita income[39] and higher household size[40] were found significantly increasing resilience capacity/score[41]. On the other hand, a higher multidimensional poverty score[42] and dependency on assistance-based income significantly reduces the resilience capacity score. This is also the indication that income-generating livelihood opportunities play a crucial role for both communities in building and strengthening their resilience.

Figure 36: Resilience capacity and capital score in different communities

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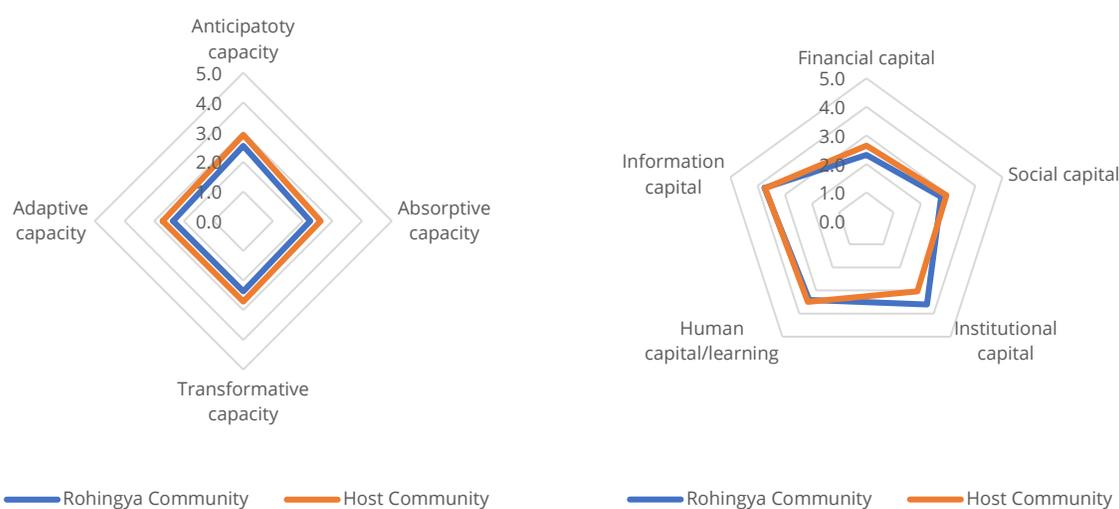
[39] Per capita income excluding assistance, indicating less dependence on assistance and high engagement in income-generating activity

[40] Indicating higher number of members engaged in economy

[41] Linear regression test of significance $p < 0.025$

[42] Higher score of multidimensional poverty indicates higher multidimensional poverty faced by a specific household

Registered refugees showed a better performance in the 4 overall capacities compared to the unregistered Rohingyas, as well as in the different capitals, especially in terms of financial capital and social capital.

Despite the low average resilience levels, Rohingya and host community households do possess the capacities to prepare, cope and transform in the face of shocks and long-term stressors. Overall, 41 percent of Rohingya households and 50 percent of host community households showed high resilience capacity in the face of shocks and stressors. Both communities were highly resilient towards the anticipatory capacity dimension (40 percent Rohingya households and 60 percent host community), whereas the absorptive capacity was the dimension in which the largest share of household presented low and medium resilience scores (68 percent in Rohingya households and 53 percent host communities). This means that while households feel confident at using the information and resources they have to prepare for shocks, they still feel unable to bounce back fully from any event/shock affecting their livelihoods or incomes. Registered refugees showed higher resilience capacity (53 percent households with high resilience capacity) over unregistered (41 percent households with high resilience capacity) and even the host community (50 percent households with high resilience capacity).

Figure 37: Resilience capacity in host and Rohingya communities
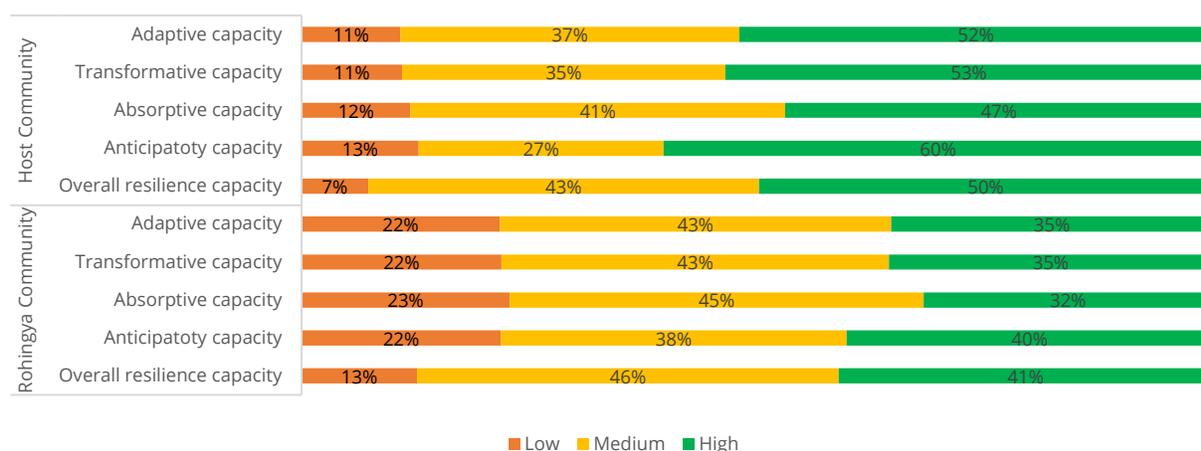
Rohingya community male-headed households were more resilient (43 percent households with high resilience capacity) compared to the female-headed ones (34 percent households), and this proportion is below the host community male-headed households (51 percent households). Host community female-headed households showed lower resilience (42 percent households with high resilience capacity) compared to their male counterparts (51 percent) but remained higher compared to both male (43 percent households) and female-headed households (34 percent households) in the Rohingya community.

Figure 38: Resilience capacity disaggregated by gender in host and Rohingya communities
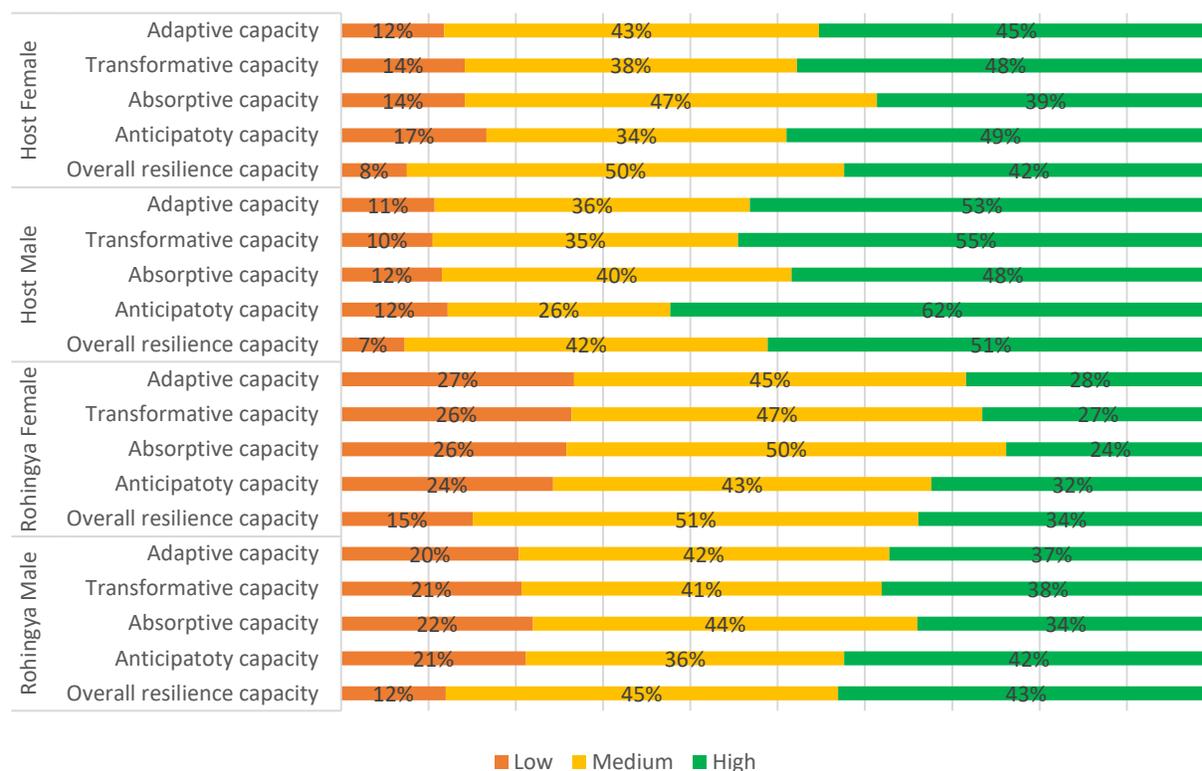
3.11   Assistance

Assistance programme overview

Overall, 68 percent of host community households reported receiving at least one form of assistance in 2021 (in the past 12 months prior to the survey) – 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) (19 percent), and general relief for COVID-19 programmes provided by the Government (18 percent).

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

Figure 39: Assistance coverage in the host community in past 12 months

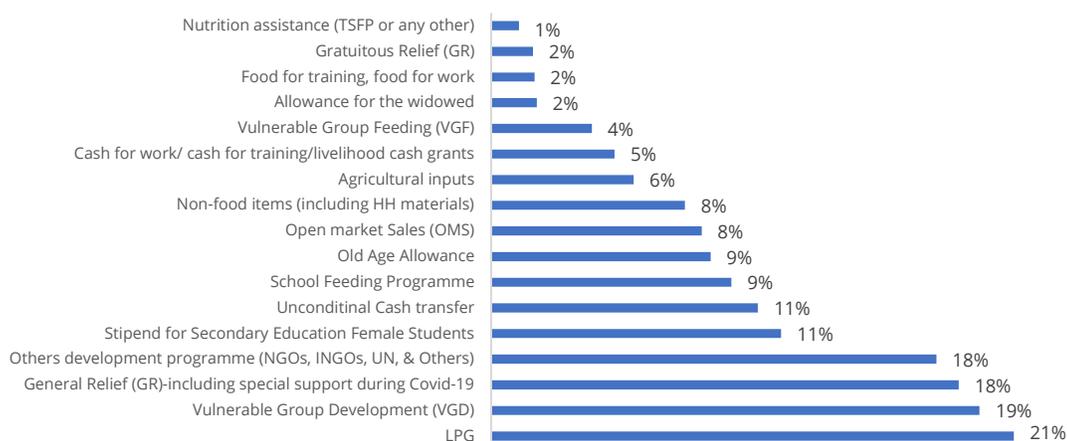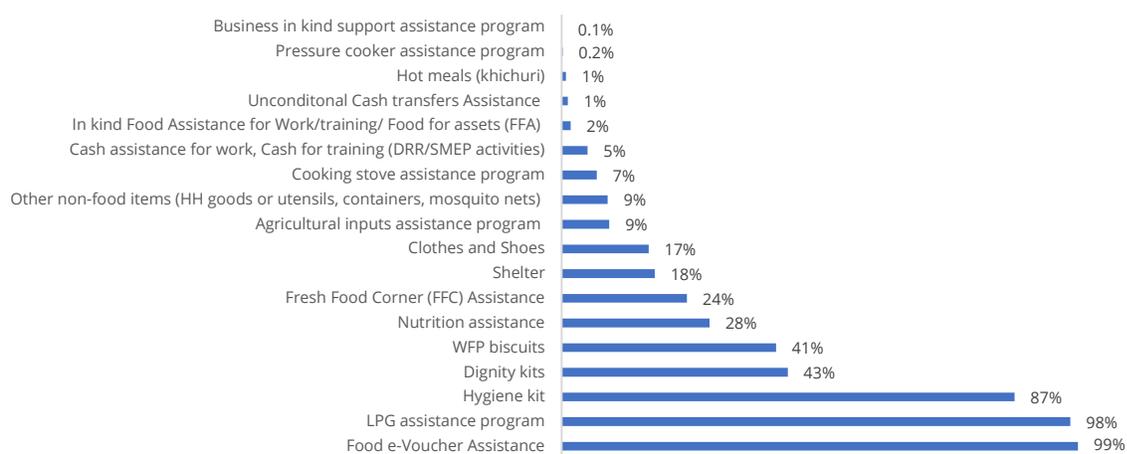| Category	Percentage
Nutrition assistance (TSFP or any other)	1%
Gratuitous Relief (GR)	2%
Food for training, food for work	2%
Allowance for the widowed	2%
Vulnerable Group Feeding (VGF)	4%
Cash for work/ cash for training/livelihood cash grants	5%
Agricultural inputs	6%
Non-food items (including HH materials)	8%
Open market Sales (OMS)	8%
Old Age Allowance	9%
School Feeding Programme	9%
Unconditinal Cash transfer	11%
Stipend for Secondary Education Female Students	11%
Others development programme (NGOs, INGOs, UN, & Others)	18%
General Relief (GR)-including special support during Covid-19	18%
Vulnerable Group Development (VGD)	19%
LPG	21%

Figure 40: Assistance coverage in the Rohingya camps in past 12 months

| Category	Percentage
Business in kind support assistance program	0.1%
Pressure cooker assistance program	0.2%
Hot meals (khichuri)	1%
Unconditonal Cash transfers Assistance	1%
In kind Food Assistance for Work/training/ Food for assets (FFA)	2%
Cash assistance for work, Cash for training (DRR/SMEP activities)	5%
Cooking stove assistance program	7%
Other non-food items (HH goods or utensils, containers, mosquito nets)	9%
Agricultural inputs assistance program	9%
Clothes and Shoes	17%
Shelter	18%
Fresh Food Corner (FFC) Assistance	24%
Nutrition assistance	28%
WFP biscuits	41%
Dignity kits	43%
Hygiene kit	87%
LPG assistance program	98%
Food e-Voucher Assistance	99%

Food assistance

The blanket e-voucher assistance which was temporarily shifted to commodity vouchers assistance during 2020 due to Covid-19 restrictions, resumed in 2021 in the camps. The fresh food corners (FFCs) have since been expanded to 19 outlets in 2021 from 14 in 2020, and are accessible by all refugees, regardless of whether they receive additional top-ups or not. Additionally, the majority of FFCs are now providing live fish and poultry chicken. Since 2019, panel analysis of FFC beneficiaries has revealed that FFC beneficiary households are highly likely to be female-headed households. The FFCs beneficiaries and non-beneficiaries have similar consumption of vegetables (around 4 days/week) in 2021. In 2019, before the scale-up of FFCs, protein consumption was lower for vulnerable households (who are now targeted for the fresh food corner top-up of 3 USD per person per month) (about 6.4 days/week), as compared to other households (6.8 days/week). Iron consumption showed the same trend as protein consumption for beneficiaries. Consequently, households with significantly low dietary diversity in 2019 now have no difference between beneficiaries and non-beneficiaries in 2021. The difference in per capita income was significantly lower for the FFCs beneficiaries (638 BDT per capita/month) compared to the non-beneficiaries (763 BDT per capita/month) in 2020, which significantly increased in 2021 for FFC beneficiaries (884 BDT per capita/month) over non-beneficiaries (800 BDT per capita/month), due to the introduction of the fresh food corner top-up for vulnerable households. Compared to 2019, FFC beneficiaries had a significantly reduced number of ill household members in 2020 and 2021 in a row.

In 2021, slightly more than half of Rohingya households (55 percent, 5 percent point less than 2020) reported that their food ration did not last the entire month, and instead lasting between 21 – 27 days (Figure 41). A 4 percent point increase (37 percent in 2020 to 41 percent in 2021) was observed for households reporting food rations lasting 28 days or more. The main reason behind food ration not lasting the entire month continues to be insufficient food ration amount (76 percent in 2021, 3 percent lower than 2020) followed by the sale of food assistance and the addition of new household member(s).

Figure 41: Number of days food ration lasted and reasons behind ration not lasting the entire month
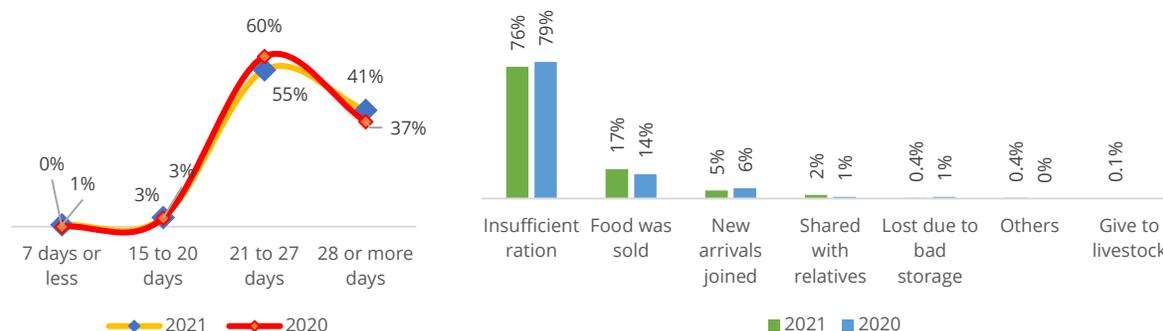
Sale of food assistance

In 2021, 27 percent of overall Rohingya households (27 percent unregistered Rohingya households and 17 percent registered refugee 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 from commodity vouchers to value vouchers, rice capping and the scale-up of fresh foods to meet household preferences and reduce the need to sell humanitarian assistance. Between 40 to 50 percent of households in Camps 8W, 9, 10, 17, 18, 25 and 27 were selling part of their food assistance – representing the camps with the highest proportion of households selling assistance. The proportion of households were ranging between 30 to 40 percent in Camps 12, 16, 22, 24, and 26.

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) (Figure 42). Another common reason for selling assistance was covering for other non-food needs, such as healthcare and transportation (7 percent for each). The profile of households selling part of their food assistance in 2021 remained similar to 2020: households with member(s) with disabilities, high numbers of children aged 5–14, chronically ill member(s), and no or few active working male members are more likely to sell assistance in order to access cash.

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 assistance 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 (Figure 43). 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 42: Percentage of food items bought by households after selling food entitlements
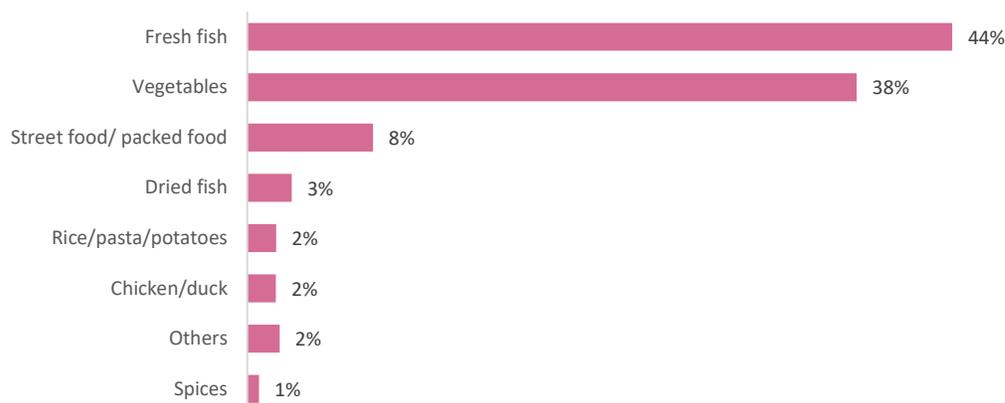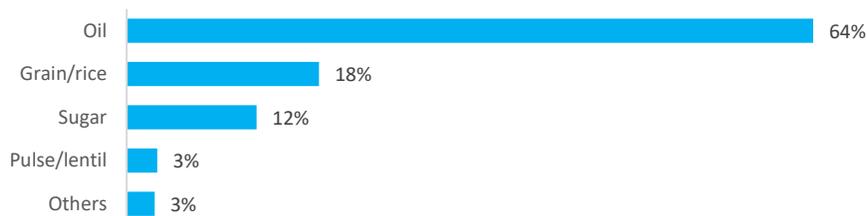

Fresh fish	44%
Vegetables	38%
Street food/ packed food	8%
Dried fish	3%
Rice/pasta/potatoes	2%
Chicken/duck	2%
Others	2%
Spices	1%

Figure 43: Percentage of food items sold by households engaged in assistance selling

Oil	64%
Grain/rice	18%
Sugar	12%
Pulse/lentil	3%
Others	3%

Sale of food assistance: movement in and out

Panel analysis similarly exhibited the same trend of reduction in the overall proportion of households selling assistance (33 percent in 2019, 25 percent in 2020 and 23 percent in 2021). Out of the 25 percent sellers in 2020, 15 percent were old sellers from 2019, and the rest 10 percent were new sellers. Similarly, out of the 23 percent sellers in 2021, 13 percent were old sellers from 2019 and 2020 and the rest 10 percent were new sellers.

Figure 44: Panel analysis showing movement in and out of selling food assistance since 2019
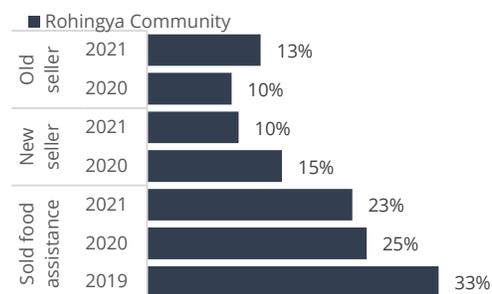
Preference of assistance modality

Among Rohingya households, 70 percent indicated a preference for e-voucher assistance only for General Food Assistance, 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 Figure 44, 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).

Table 9: Characteristics of Rohingya households with different assistance modality preferences

Characteristics	Preference		
	E-voucher	**Cash**	**Hybrid (EV+Cash)**
Households with a higher dependency ratio (>1.5)			✔
Highly vulnerable households			✔
Less vulnerable households	✔		
Households that received nutrition cash support (targeted)	✔		
Households that reduced portion size of meal as coping	✔		
Households that sold productive assets as coping	✔		
Households that relied on community support as coping	✔		
Households that took support from friend and relatives as coping	✔		
Households that spent savings as coping	✔		
Households that had at least 1 member working in the last 7 days	✔	✔	

Figure 45: Preference of assistance modality for refugees overall, registered and unregistered camps
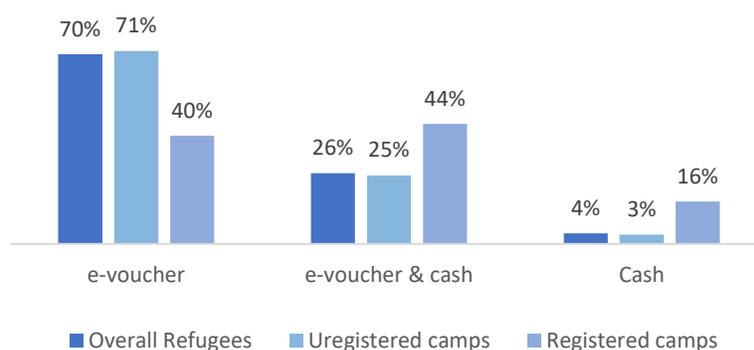
3.12   Other essential needs

Education

Highest educational attainment: Significant disparity prevails between the two communities with low educational attainment status prevailing among the Rohingya and host community populations. Only 13 percent of the Rohingya population had primary or above level of educational qualification, whereas for host population the proportion was 39 percent (Figure 46.
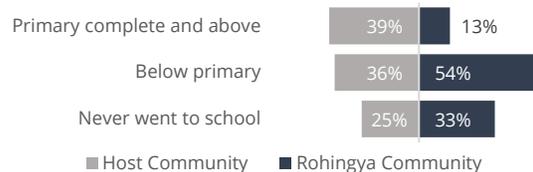

Figure 46: Highest educational attainment status in Rohingya and host communities (population level status)

For the overall population, the educational gender gap remains, with a higher proportion of women who never went to school in the host community. On the other hand, the disparity of gender was highly pronounced at primary or above educational level for the Rohingya population
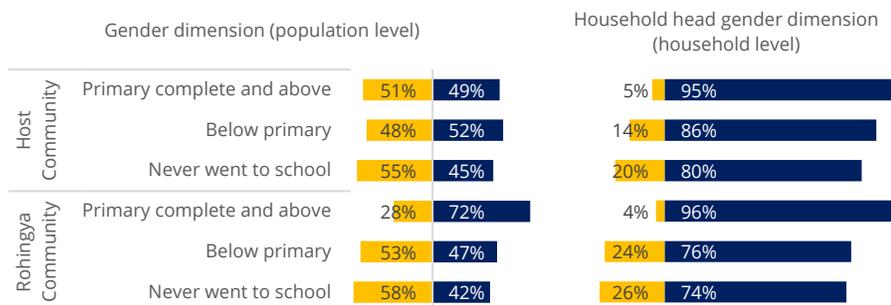
Figure 47: Educational attainment according to gender (at population level in the left chart) and according to gender of the head of households (at household level in the right chart)

Figure 47Figure 46. In the same Figure 47 (chart on right providing household-level results), when looking from the gender of the household head the differences were extremely pronounced between the female and male heads where males supersede females by at least 3 times (26 percent vs 74 percent or 24 percent versus 76 percent) to as high as 24 times (4 percent vs 96 percent).

Currently studying/enrollment rate: Fifty-four percent of the Rohingya population are currently studying, out of which 33 percent were male students and 21 percent were female students. In the host population, 66 percent of individuals were currently studying and shared equal proportions between male (33 percent) and female (33 percent) students.

Reasons for not studying: Out of the population who were not found studying at the time of the surveys, in the Rohingya population was mainly because of monetary capacity (31 percent) followed by being engaged in work (20 percent), being married (19 percent) and due to family/social restrictions (10 percent), wherein the host community, the highest share of the individuals (35 percent) were not found studying due to family/social restrictions.

Figure 48: Overall reason behind not continuing study and disaggregation by male and female in different communities (population level stats)
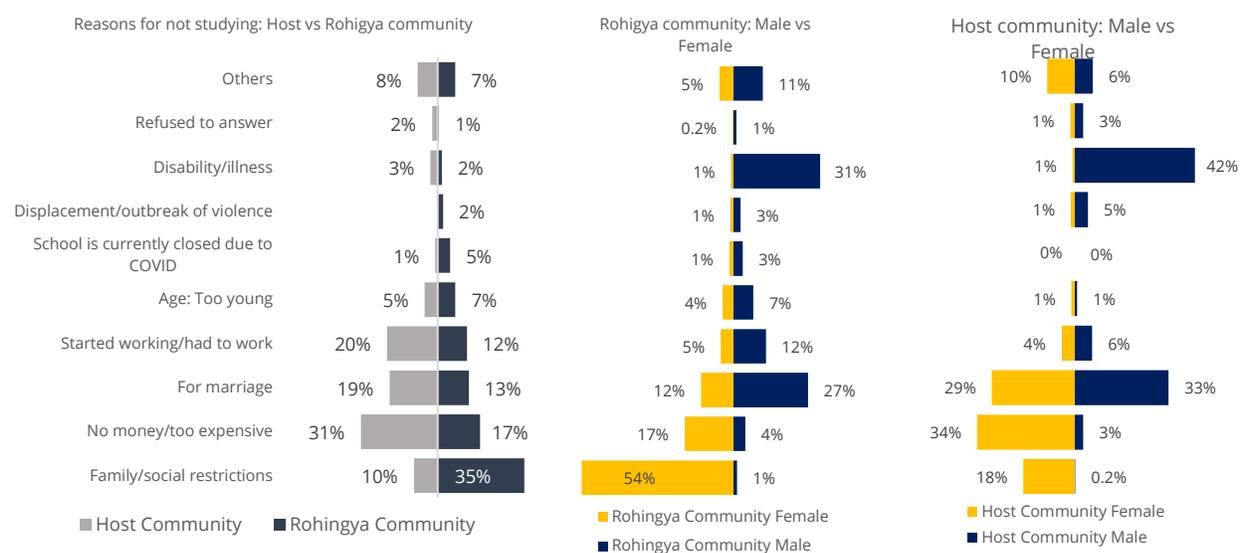
The difference in Rohingya individuals portrayed gender bias in terms of family/social restrictions, and expense of study being core reasons behind the female student to drop off, whereas the male students dropped off mainly due to marriage, disability/illness and getting/being engaged in work. For the host community females, the core reasons were the expense of studying followed by marriage and family/social restrictions. For males it was mainly disability/illness and marriage.
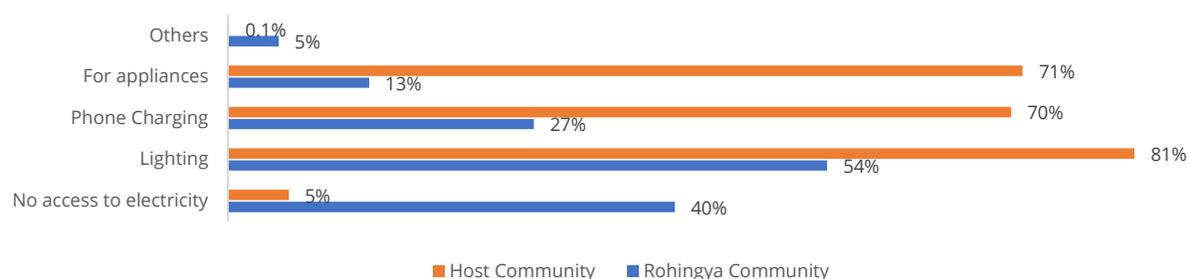
Shelter

Around 11 percent of Rohingya families were living in rented dwellings in comparison to less than 1 percent of host community families. The rent paid by unregistered Rohingyas was on an average 299 BDT per month, 600 BDT for the Registered refugees, and 750 BDT for the host community. None of the Registered refugees was found not being able to pay the rent the immediate last month prior to the survey as opposed to 14 percent (out of 11 percent) of unregistered Rohingya families.

Electricity

A disproportionately higher proportion of Rohingya households (40 percent) had no access to any sort of electricity compared to only 5 percent of host community households. As there is no electricity supply line in the camps, 54 percent of households have access to solar lighting devices followed by 27 percent of households with access to phone charging and 13 percent had access to other appliances where in all three cases more than 70 percent host households had access due to availability of Government electricity line.

Figure 49: Access to electricity in different communities

Legend: Host Community (orange), Rohingya Community (blue)

Category	Host Community	Rohingya Community
Others	0.1%	5%
For appliances	71%	13%
Phone Charging	70%	27%
Lighting	81%	54%
No access to electricity	5%	40%

Cooking fuel

More than 99 percent of Rohingya households used LPG as primary source of cooking fuel as opposed to 40 percent of host community households. The secondary cooking fuel was predominantly firewood for Rohingya households. For the host community, the primary source of cooking fuel was reported as firewood by 58 percent of households.

Major share of the Rohingya households (49 percent) reported relying on the liquified petroleum gas in the 12 Kg cylinder provided as assistance. In total, 6 percent of households reported that the LPG does not last more than 20 days.

Figure 50: Duration that LPG cylinder lasts for the Rohingya households

<= 15 days	16-20 days	21-25 days	26-30 days	31-45 dyas	46 to 60 days
2%	4%	16%	49%	27%	1%
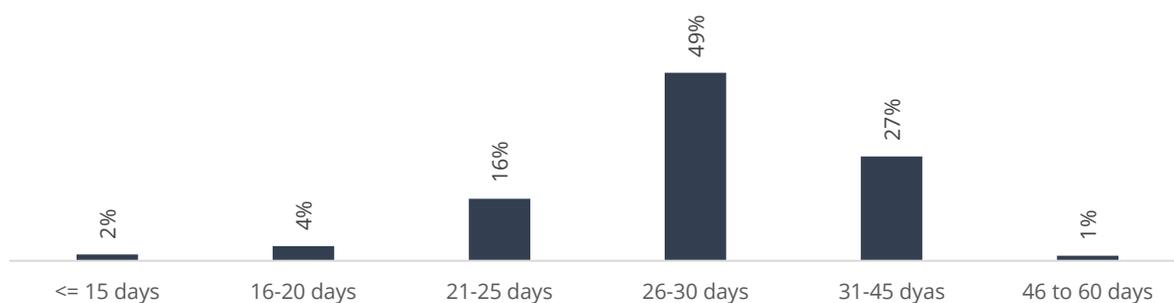
The major challenges in accessing LPG for the Rohingya community were the insufficient amount of gas compared to the household size, not getting refills on time, and incurring additional transportation costs. The core challenge for the host community was primarily high prices cited by 47 percent of households and incurring additional transportation costs while carrying to and from the distribution point.

Figure 51: Difficulties accessing LPG for Rohingya and host community households in 2021

■ Host Community   ■ Rohingya Community
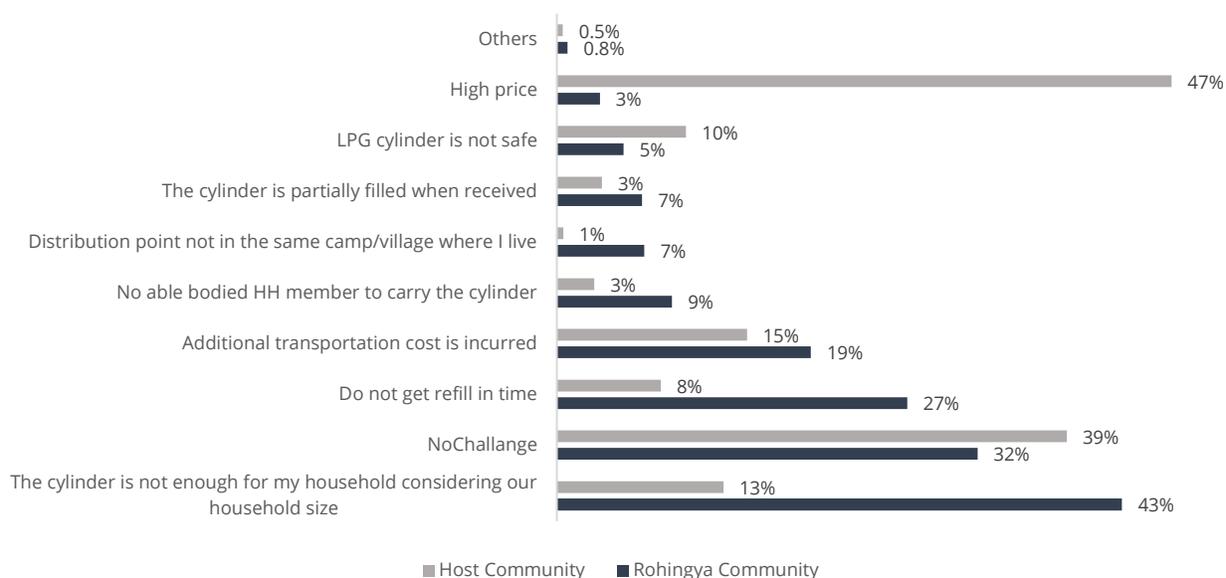
Water

Overall, 79 percent of host community households were found using tube well/underground water sources followed by 15 percent of households with access to piped water taps. The proportion of Rohingya households with access to the aforementioned sources was 36 percent and 40 percent, respectively, with 23 percent of households having access to storage tank tap water.

Figure 52: Major water sources for host and Rohingya community
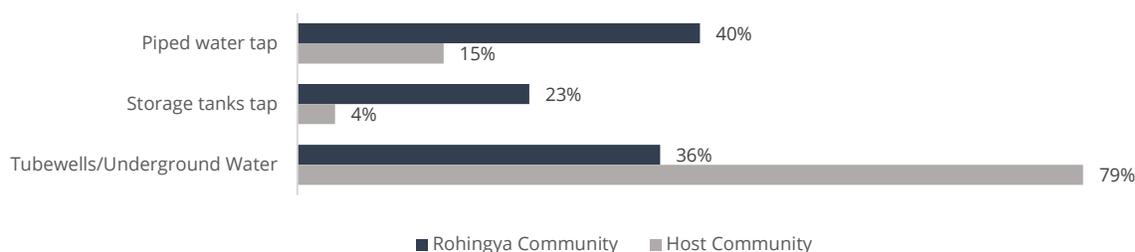
In 2021, around 42 percent of the Rohingya households and 36 percent of host community households reported facing problems accessing water indicating continued improvement since 2019 (when 60 percent of Rohingya and 50 percent of host community households reported problems accessing water). The major challenges for the Rohingya community were insufficient water points, distance to points, long queuing time and non/less functioning water points in sequence. For the host community, the major problems were distance to points, insufficient water points, poor taste and/or quality, sequentially.

In terms of treating water before drinking, 67 percent of Rohingya households did not treat their water, which was striking compared to 96 percent for the host community households not treating their water.

Figure 53: Major problems faced to access water
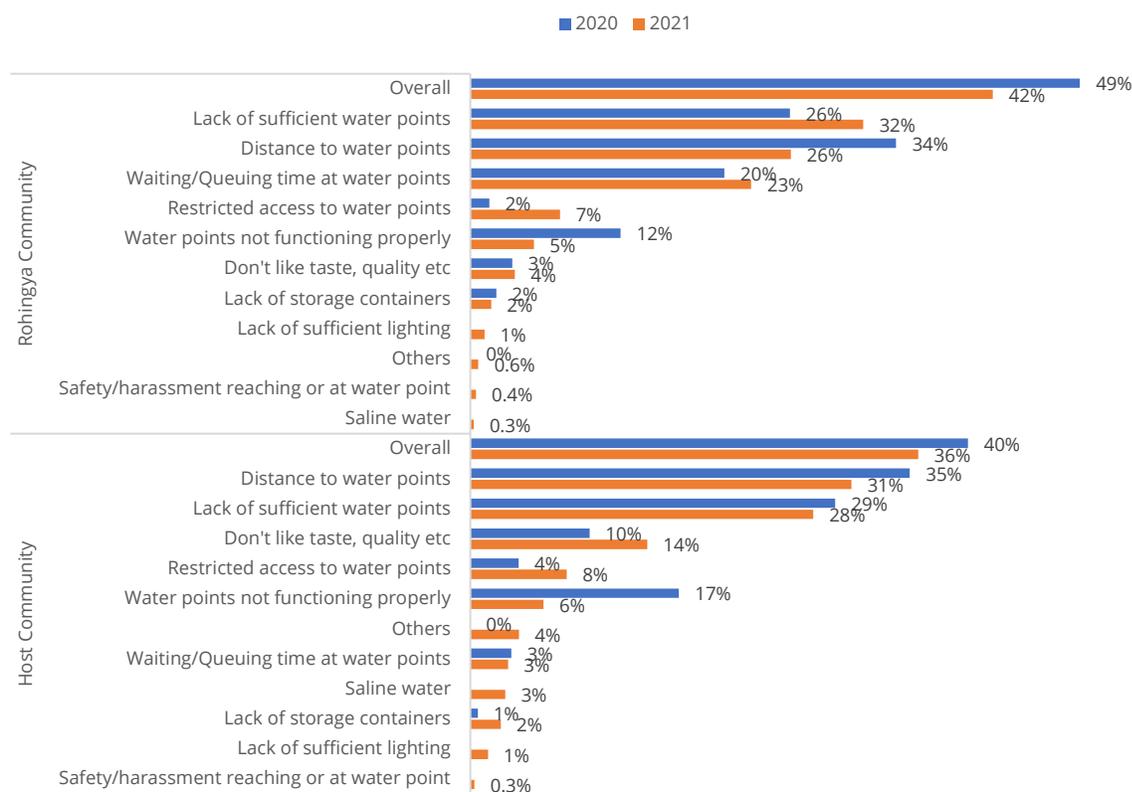
Sanitation

Both the communities were found using mainly pit latrines with slab/platform (76 percent Rohingya households and 64 percent host households). About 12 percent of Rohingya households and 21 percent of host households were using pit latrines without slab/platform and the rest were using flush or pour-flush toilets (11 percent of Rohingya households and 10 percent of host community households).

Around 49 percent of the Rohingya households and 27 percent of the host community households reported facing problems accessing sanitation facilities in 2021, however still indicated continued improvement for Rohingya since 2019 when 59 percent reported problems accessing sanitation facilities, yet no changes were found for host community remaining in 27 percent between 2020 and 2021. The major challenges for Rohingya community were crowding at facilities, long queuing time, and irregularly cleaned facilities. On average, 12 people use the same sanitation facility in the camps. For the host community the major problems were insufficient facilities, non-functional facilities, and irregularly cleaned facilities.

About 86 percent of Rohingya households reported their household members washed both hands with soap after defecation compared to 77 percent host households.

Figure 54: Major problems faced to access sanitation facilities for Rohingya and host community households in 2021
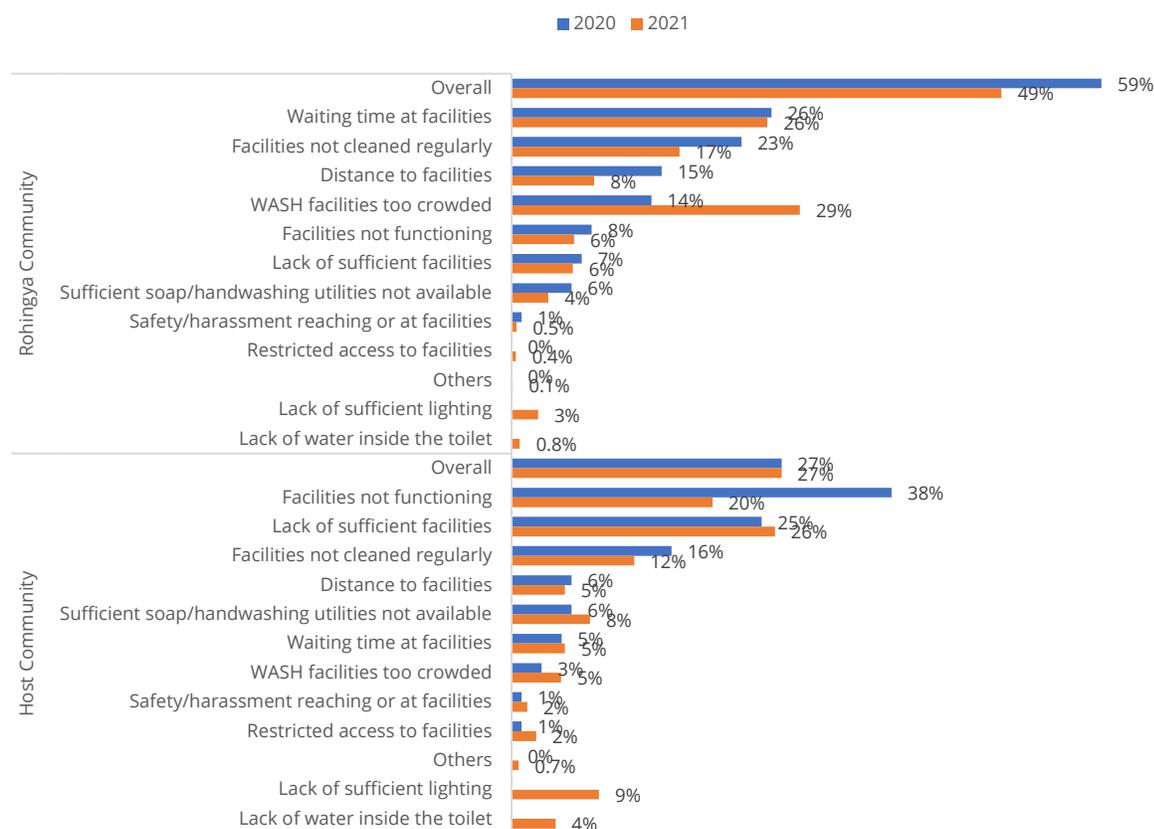
Health

The proportion of Rohingya households facing barriers to healthcare access was similar to 2020 at 48 percent in 2021. The proportion of households reporting barriers to healthcare access was 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 between 2020 and 2021.

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 increases 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.

Visiting individual doctors' chambers have increased for both communities. Private healthcare/clinic visits had also increased for the Rohingya households while visiting NGO healthcare had reduced by 29 percent between 2020 and 2021. For the host community, visiting a pharmacy for over-the-counter purchases had reduced as well as visiting NGO healthcare.

Reporting of difficulties while seeking treatment have increased for both communities. The cost of medication being too high and greater distance to healthcare centers were cited as the major problems.

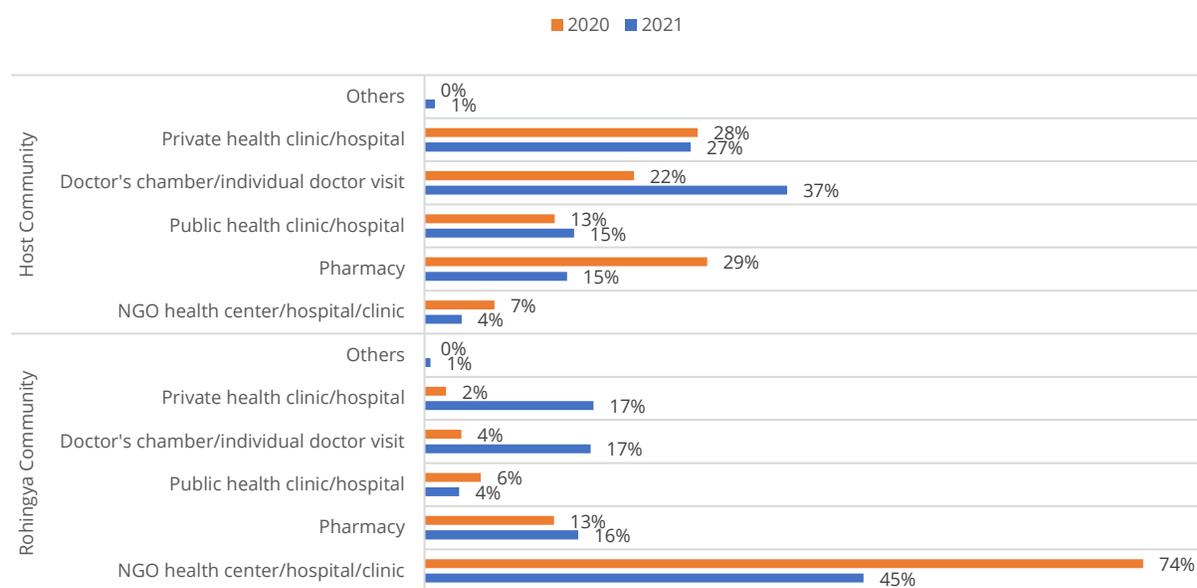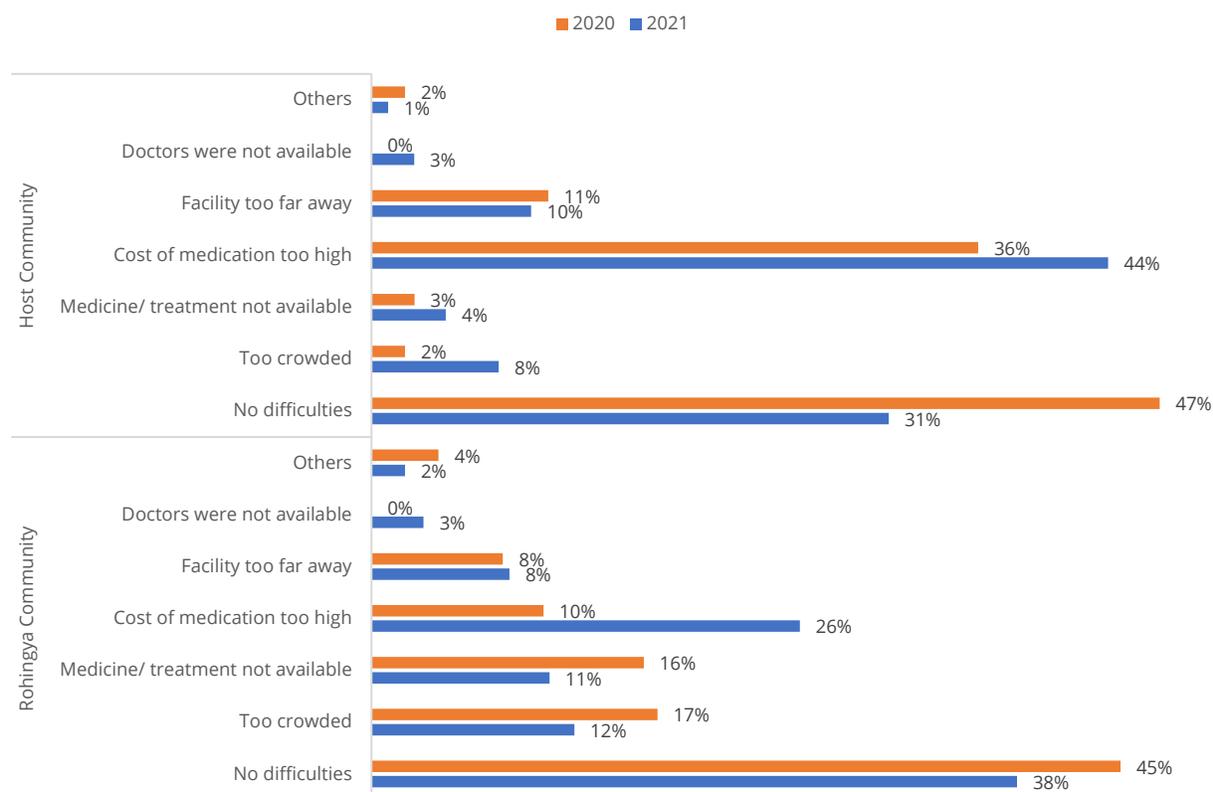*Figure 55: Access to health facilities by Rohingya and host communities*

Figure 56: Main difficulties faced in accessing healthcare

Nutrition

Screening of children between 6-59 months of age: In the Rohingya community, 49 percent of households reported having at least one child of 6 to 59 months of age versus 38 percent of host community households reporting the same. Out of the 49 percent of Rohingya households, 9 percent reported that their children were not screened whereas the rest of the 40 percent of households had their children screened. Out of the 40 percent of screened children, 21 percent were referred, and the rest 19 percent were not, indicating 2 out of 10 households have at least one malnourished child aged between 6 to 59 months.

Out of the 38 percent of host households, 13 percent reported that their children were not screened whereas the rest of the 25 percent of households had their children screened. Out of the 25 percent screened children, 22 percent were referred and the rest 3 percent were not, indicating less than 1 out of 10 host households have at least one malnourished child aged between 6 to 59 months.

Presence of pregnant and lactating women (PLW) and access to vitamin and mineral supplements: In the Rohingya community 25 percent of households, and 17 percent of households in the host community, reported having at least one pregnant or lactating mother in the family. Out of the 25 percent of Rohingya households, more than half (53 percent) reported that the PLW did not take any supplements (equivalent to 13 percent of the total population), and 42 percent out of 17 percent (equivalent to 7 percent) host community households reported the same, indicating no access to any sort of vitamin or mineral supplements.

Figure 57: Status of vitamin and mineral supplement intake by the PLWs
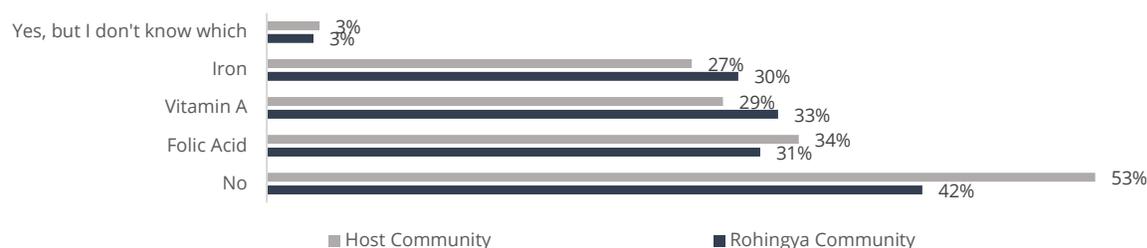
Protection

In Rohingya and host communities, 13 percent of households each 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). The reporting of safety concerns was 3 times higher in the registered refugee camps compared to the unregistered ones (36 percent vs 12 percent).

Camp 2E, 14, 22, and 24 reported concerns between 20-25 percent whereas Camps 4-Ext, 24, 25, and 26 had reporting of concerns in the range of 25-30 percent. In Kutupalong Registered Camp, the reporting was 31 percent and in Nayapara Registered Camp the reporting was the highest – 39 percent. The rest of the camps had reporting below 20 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 58: Main security concerns reported by households experiencing safety concerns (2020-2021)
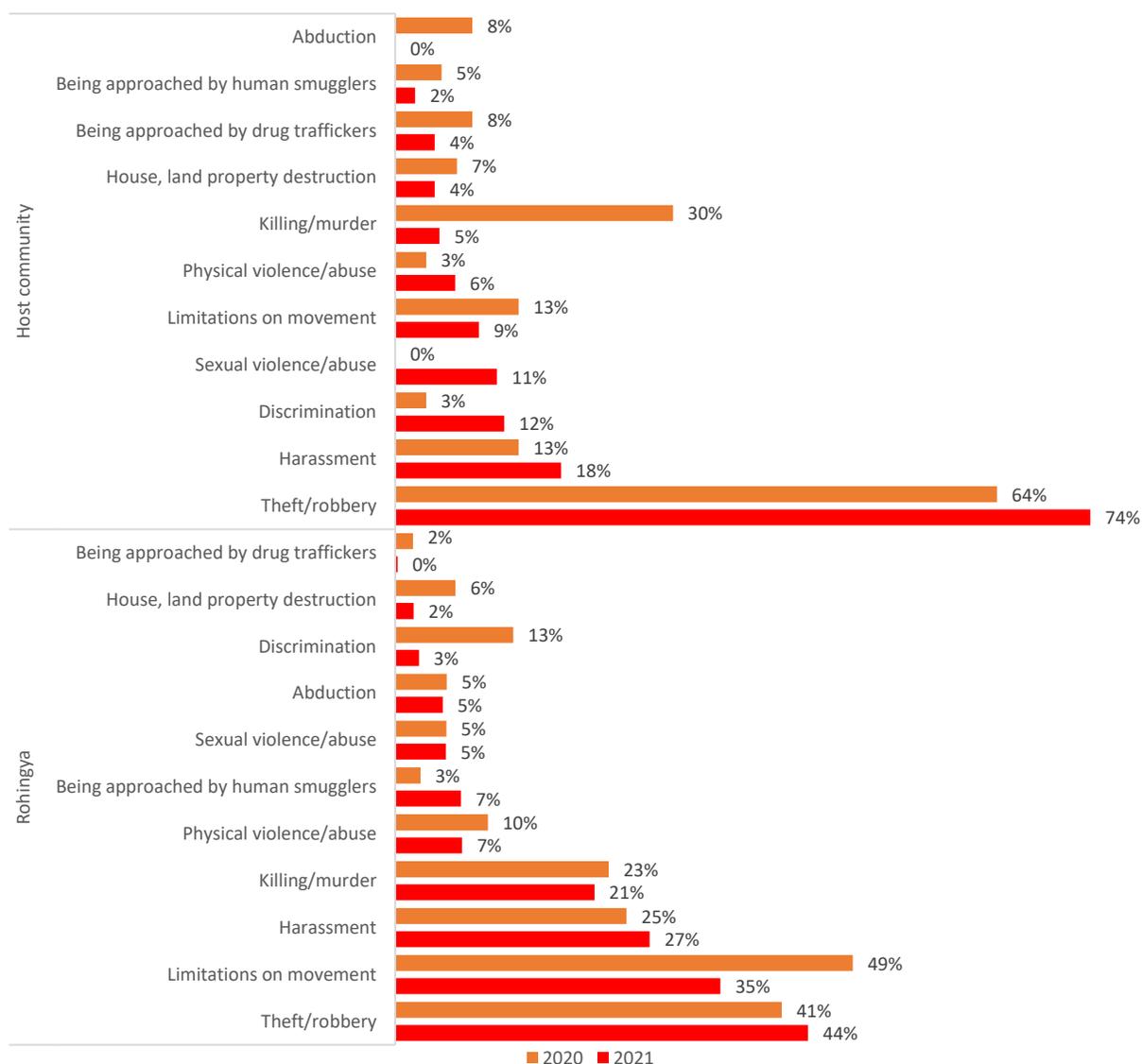
Movement limitations were affecting the households in both communities. Murder was reported by mostly males in the host community while for the Rohingya it was predominantly reported by all types of members. Sexual harassment is mostly faced by adult females of 18+ years of age in the host community and is almost double in the Rohingya community (39 percent vs 57 percent). Physical violence has shown equal presence for both male and females in both the communities, whereas under 18 females were reported to suffer such abuse only in the Rohingya camps. The exception for the Rohingya community in terms of theft and robbery was reporting of females to be affected as opposed to the host community. Harassment was found skewed for males in the host community whereas it was skewed towards females in the Rohingya camps.

Figure 59: Type of insecurities experienced by gender and age
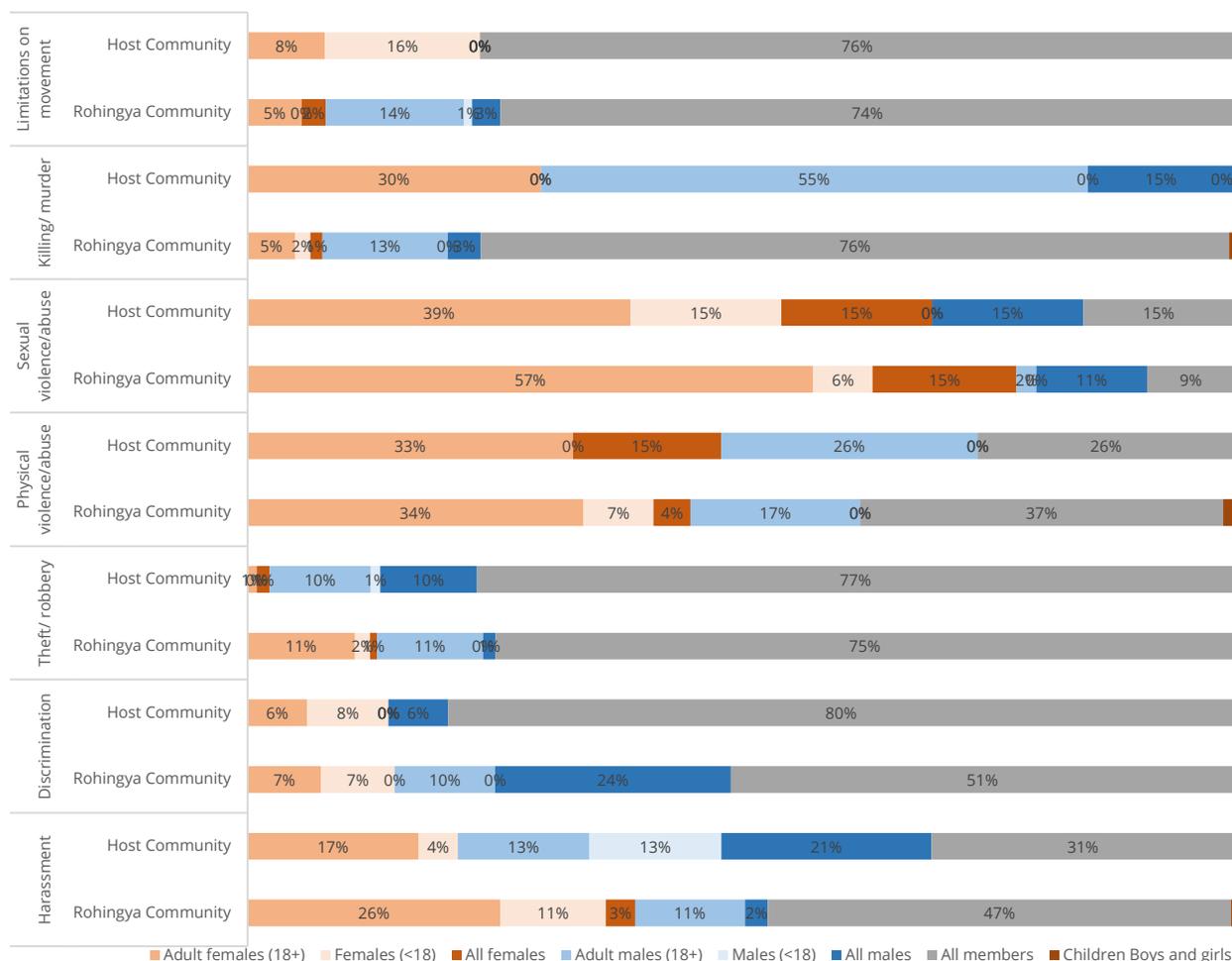
3.13   Satisfaction and self-reported needs

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 as: insufficient quantity especially during winter; distance to distribution site or lack of sufficient distribution; and additional cost of transportation and/or carrying cost for labour, especially incurred by women or elderly. The highest satisfaction was observed for 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 re-introduction of value vouchers instead of commodity vouchers. In 2021, the services with the highest dissatisfaction rates for Rohingya households are electricity (70 percent), livelihoods (57 percent), and lighting (46 percent).

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.

Figure 60: Satisfaction with available services/assistances for Rohingya and host households in 2021
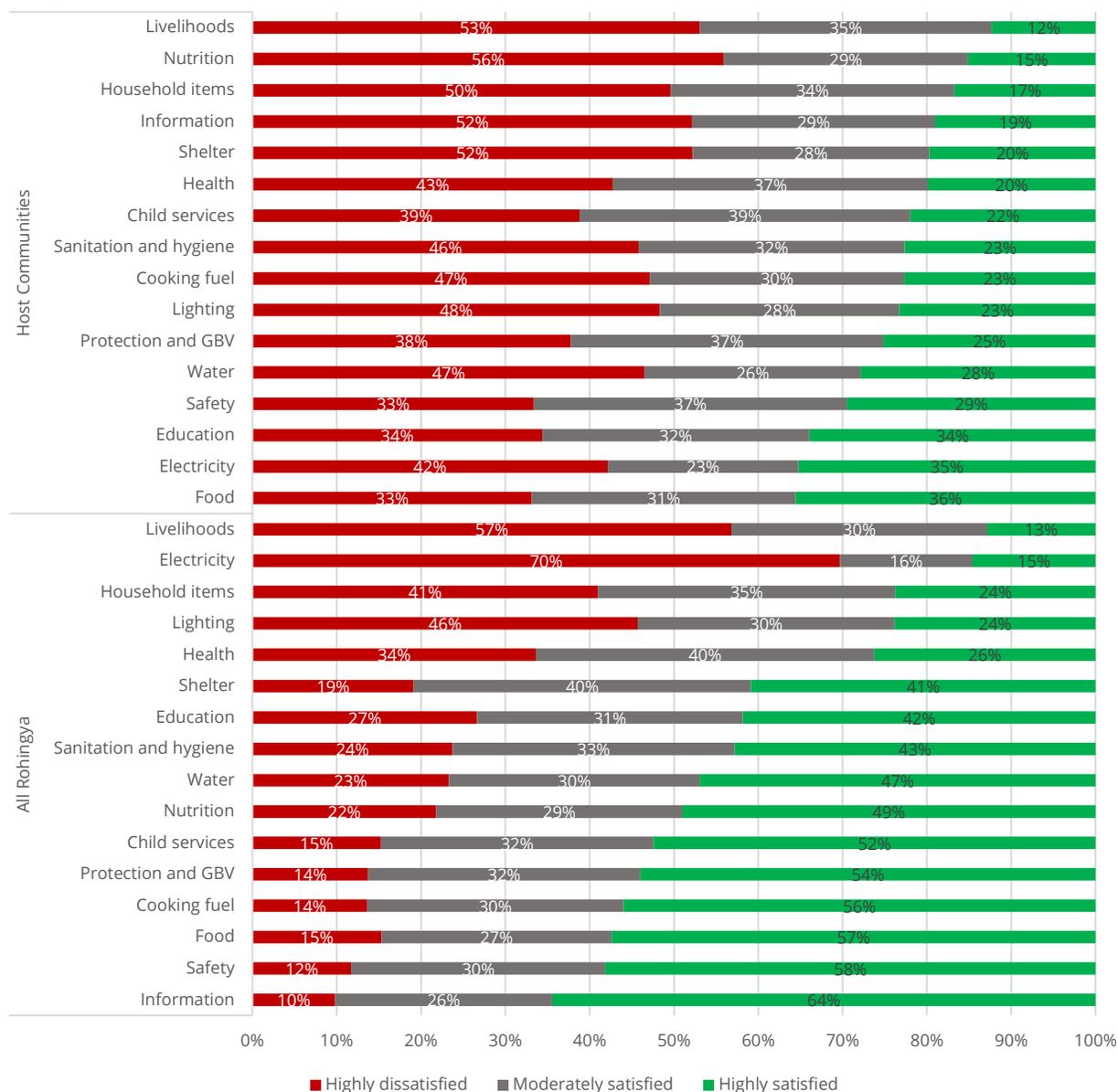
Panel analysis of satisfaction revealed a pattern for both communities where a highest 29 percent of Rohingya households were found continuously in moderate/low dissatisfaction categories for livelihoods since 2019, and a highest 15 percent of host community households were continuously dissatisfied with water. The other two major areas where Rohingya households were continuously dissatisfied were related healthcare and household

utilities, while the second-largest area of dissatisfaction for host community households was livelihoods, reported by 10 percent of households.

Figure 61: Proportion of panel households continuously remained moderately or highly dissatisfied since 2019

- Cooking fuel: Host Community 4%, Rohingya Community 1%
- Information on humanitarian assistance: Host Community 8%, Rohingya Community 3%
- Safety: Host Community 3%, Rohingya Community 4%
- Protection/GBV/child services: Host Community 6%, Rohingya Community 6%
- Water: Host Community 15%, Rohingya Community 7%
- Food: Host Community 6%, Rohingya Community 7%
- Education: Host Community 3%, Rohingya Community 8%
- Shelter: Host Community 7%, Rohingya Community 8%
- Sanitation and hygiene: Host Community 8%, Rohingya Community 9%
- Household utilities: Host Community 8%, Rohingya Community 14%
- Health: Host Community 8%, Rohingya Community 15%
- Livelihoods: Host Community 10%, Rohingya Community 29%

■ Host Community   ■ Rohingya 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 each community. However, reporting of the need for livelihoods was decreased by 16 percent by the Rohingya households compared to the pandemic restriction period. 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 livelihoods opportunities indicated that opportunities were limited or not available for the Rohingya households, while for the host communities this indicated that the opportunities were reduced due to the pandemic shock.

In the host community, priority needs included shelter, livelihoods, sanitation and hygiene, cooking fuel, and healthcare.

Figure 62: Self-reported priority needs for Rohingya and host community households, 2020-2021

Priority needs

Host Community

Need	2021	2020
Food	59%	57%
Livelihoods	48%	48%
Shelter	48%	28%
Household items/utilities	15%	15%
Health	21%	28%
Sanitation and hygiene	23%	27%
Lighting, Electricity	2%	
Water	22%	36%
Cooking fuel	20%	25%
Education	7%	11%
Safety	3%	9%
Other	0%	6%
Information on humanitarian assistance	9%	16%
Protection/gender-based violence/child services	1%	3%

Rohingya Community

Need	2021	2020
Food	82%	88%
Livelihoods	50%	66%
Shelter	31%	24%
Household items/utilities	30%	21%
Health	29%	20%
Sanitation and hygiene	20%	25%
Lighting, Electricity	19%	
Water	13%	25%
Cooking fuel	9%	8%
Education	5%	7%
Safety	5%	9%
Other	3%	1%
Information on humanitarian assistance	2%	2%
Protection/gender-based violence/child services	1%	2%

■ 2021 ■ 2020

Annex
Annex 1. MDDI methodology

Dimension	Dimension weight	Indicator	Note	Indicator weight
Education	20%	Not all school-age children (6-17) attending school	Conditions for a school-aged child to be considered out of school: -Child is between the ages of 6 and 18 -Child's occupation *is not* listed as 'student' -Child stopped attending school	10%
		At least one child in the household not attending school for lack of necessary financial resources		10%
Health	20%	More than half of the households reported sick in the past month		10%
		Did you or the household members face any difficulties while trying to get medical attention?	2018 REVA used acute and chronic illness to measure health. These metrics were measured differently in 2019 REVA- it was decided not to use them for the MDDI. Instead, households were asked to subjectively measure whether they had a 'serious problem' because they were unable to access healthcare. The metrics again changed in 2020 when the REVA module had to be shortened to conduct household surveys safely amid Covid-19 by discarding the subjective wellbeing section, keeping the length short. The households were asked if they had faced any difficulties getting medical attention.	10%
Food security	20%	Households with 'poor' or 'borderline' Food Consumption Scores (FCS)		10%
		The Reduced Coping Strategy Index (RCSI) of the household is higher than 18		10%
Living conditions	20%	Households with a Crowding Index above 2.5	The crowding index is the number of household members divided by the number of rooms in the household (the threshold for 2018 REVA was 2).	5%
		Unimproved toilet facilities	The household's latrine type is either a kutcha (unsealed) or none (open field). (REVA 3, 4) The household's latrine type is anything other than "flush or pour-flush toilet" or "flush or pour-flush toilet" (REVA 5)	5%
		Poor living standards (unimproved water source and unimproved cooking fuel source)	Water source: measured via households' subjective perception of water access (whether households reported any 'problems' accessing water). Fuel source: 'Unimproved' is defined as any fuel source that is *not*: electricity, kerosene, firewood or LPG	5%
		Lives in rented housing	Do you or your household own or rent this dwelling?	5%
Income	20%	At least 1 household member engaged in high-risk/illegal activities	High-risk/illegal activities are defined as any of the following: -A child under 15 years working to contribute income to the household -Anyone over the age of 15 working over 43 hours a week or in hazardous conditions -Begging	5%

			-Anyone accepting 'high risk' or 'illegal' jobs (Discarded in REVA 5)	
		No household member worked in the past 30 days		5%
		No sources of income over the last 30 days (REVA 3, 4) Contracted debt to meet essential needs (REVA 5)		5%
		Satisfaction on needs for livelihoods opportunities being met or services received for it	Highly dissatisfied except moderate or high dissatisfaction	5%

***The changes in the use of different indicators are highlighted above

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