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Refugee Influx Emergency Vulnerability Assessment (REVA-6) Report

June 2023

Table of Contents

I.	KEY HIGHLIGHTS	4
II.	INTRODUCTION	7
	1. Assessment objectives and implementation	7
III.	METHODOLOGY	8
IV.	VULNERABILITY	8
	Determinants of Vulnerability	12
	Rohingya households	12
	Bangladeshi Community	13
	2. Expenditure patterns and economic vulnerability.....	13
	Average expenditure levels	13
	Expenditure patterns.....	13
	Economic vulnerability	15
V.	FOOD CONSUMPTION	16
VI.	COPING MECHANISMS	17
	3. Consumption-based coping.....	17
	4. Livelihood-based coping	19
VII.	Livelihoods and Income	19
	5. Borrowing and Credit.....	19
	6. Income generation and self-reliance	20
	7. Income and vulnerability levels.....	21
VIII.	I. Multidimensional Deprivation Index (MDDI)	22
IX.	Resilience capacity in the face of shocks and stressors	24
X.	Assistance	26
	8. Food Assistance in Rohingya Camps	27
	9. Sale of food assistance.....	28
XI.	Protection and Satisfaction	29
	10. Security concerns	29
	11. Health	30
	12. Satisfaction and well-being	31
	13. Priority needs	33
XII.	Recommendations	34

Table of figures

Figure 1: [Map] Food insecure prevalence (moderately plus severely) by camp, REVA 2022	6
Figure 2: Comparison of overall vulnerability between Rohingya and Bangladeshis in Cox's Bazar without assistance (2019-2022) and Bhasan Char 2022	9
Figure 3: Comparison of overall vulnerability between unregistered and registered Rohingyas (2019-2022) and Bhasan Char 2022	9
Figure 4: Household vulnerability transition among Rohingya and Bangladeshi communities (2019-2020, 2020-2021, 2021-2022)	10
Figure 5: Changes in vulnerability status of Rohingya and Bangladeshi community households (2021-2022)	10
Figure 6: Proportion of households remaining in the same food consumption category since 2020	10
Figure 7: Proportion of households remaining in the same food consumption category since 2020	11
Figure 8: Proportions of households remaining in the same vulnerability category since 2020 ...	11
Figure 9: [Table] Determinants of vulnerability for the most vulnerable households	12
Figure 10: Breakdown of expenditure in Rohingya households (including assistance)	14
Figure 11: Breakdown of expenditure in Bangladeshi households (including assistance)	14
Figure 12: Economic vulnerability levels among both communities with assistance	15
Figure 13: Economic vulnerability levels among both communities without assistance	16
Figure 14: : Food consumption score within the Rohingya and Bangladeshi communities (2019-2022)	17
Figure 15: : Consumption-based coping strategies for Rohingya and Bangladeshi community (2019-2022)	18
Figure 16: Livelihood-based coping strategies for Rohingya and Bangladeshi community (2019-2022)	19
Figure 17: Employment and unemployment of Rohingya and Bangladeshi communities (2021-2022)	20
Figure 18: Types of income sources reported in Rohingya and Bangladeshi communities	21
Figure 19: Household incomes levels for different vulnerability categories (Bangladeshi community)	22
Figure 20: Multidimensional deprivation (proportion of household's multidimensionally poor) ..	24
Figure 21: : Resilience capacity and capital score in different communities	25
Figure 22: Assistance received in the past 12 months by the Rohingya and Bangladeshi communities	27
Figure 23: Commonly sold food items in the Rohingya camps	28
Figure 24: Security concerns reported by households experiencing safety concerns (2021-2022)	29
Figure 25: Access to health facilities by Rohingya and Bangladeshi communities	31
Figure 26: Satisfaction with available services/assistance for Rohingya and Bangladeshi households (2021-2022)	32
Figure 27: Self-reported priority needs for Rohingya and Bangladeshi community households (2020-2022)	33

I. KEY HIGHLIGHTS

Since 2017, the sixth round of the Refugee-Influx Emergency Vulnerability Assessment (REVA) has been conducted on an annual basis by WFP and the Food Security Sector. REVA aims to monitor the food security situation and vulnerability levels of the Rohingya population living in the camps in the Ukhiya and Teknaf sub-districts of Cox's Bazar district and the adjacent Bangladeshi community potentially affected. In 2022, the survey expanded to cover the island of Bhasan Char, where some 29,000 Rohingyas have been relocated as of December 2022.

This round of REVA was conducted from November to December 2022 and constitutes a panel survey since 2019, totalling 3,663 households in Cox's Bazar including Bangladeshi and Rohingya communities. The sample was representative of three population strata: Registered Rohingya, Unregistered Rohingya, and Bangladeshi communities (Bangladeshis) residing adjacent to the camps in the Ukhiya and Teknaf sub-districts.¹ For Bhasan Char, 406 households were interviewed. Altogether 4,069 households were included in this survey for the year 2022.

The findings of the 2022 assessment showed that, despite the current level of humanitarian assistance, 38 percent of Rohingya households cannot afford the minimum expenditure basket (MEB). Compared to 2021, economic vulnerability has decreased among Rohingya (by 13 percent) and Bangladeshi communities (1 percent). However, if the assistance is removed, 93 percent of Rohingya would not be able to afford the MEB, showing significant dependence on humanitarian assistance for survival.

Compared to 2021, overall vulnerability remained at similar levels in 2022 among Rohingya and Bangladeshi communities, albeit still higher than in pre-pandemic years. Amidst the ripple effect of a slow recovery from the COVID-19 pandemic, price hikes related to the global food crisis, and minimal livelihood opportunities, the Bangladeshi community saw increasing levels of vulnerability. For the Rohingya, 95 percent of households were found to be moderately to highly vulnerable; 15 percentage points higher since the influx in 2017. Also, the vulnerability status of Rohingya is significantly higher than Bangladeshi communities (95 percent vs 55 percent).

In 2022, the proportion of Rohingya households with inadequate food consumption (poor and borderline) fell slightly to 44 percent, compared to 45 percent in 2021, and remains higher than the pre-COVID level of 42 percent in 2019. In the Bangladeshi community, inadequate food consumption slightly decreased to 34 percent in 2022 as compared to 38 percent in 2021, though this is still a deterioration compared to 21 percent in 2019. This highlights the continued challenges Bangladeshi communities have faced in meeting their food consumption needs since the pandemic began and their slow recovery from job and livelihood losses.

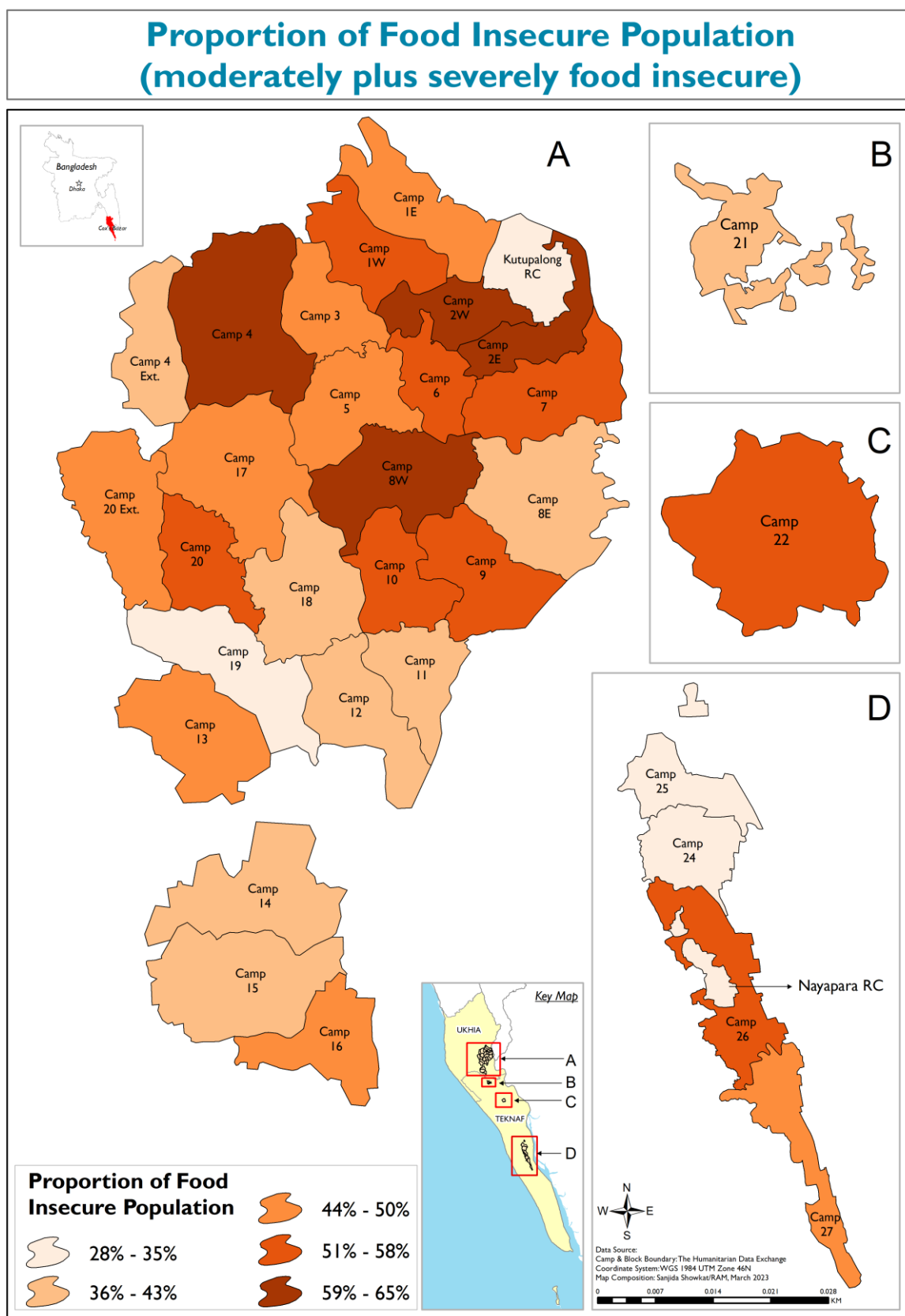
Both Rohingya and Bangladeshi households are struggling to put food on the table and are frequently resorting to negative coping strategies to meet their food needs. About two-thirds of households in the camps (65 percent) and half of the households in the Bangladeshi community (55 percent) relied on less preferred or less expensive food as the most frequently used coping strategy for both populations.

¹ Unregistered refugees refer to the Rohingya who either formally arrived or were born from August 2017 onwards and whom the Government of Bangladesh does not officially recognize as refugees, but as "Forcibly Displaced Myanmar Nationals". The registered refugee population is much smaller and arrived in Bangladesh prior to a registration exercise conducted in the 1990s.

The selling of food assistance by Rohingya households decreased by 6 percentage points from 23 to 17 percent from 2021 to 2022. Among households that sold food, 27 percent sold food to purchase other food items and most also used the coping strategy of relying on less preferred or less expensive food. Food remains the top-most priority for both Rohingya and Bangladeshi communities; 80 percent of Rohingya households and 57 percent of Bangladeshi community households cited the need for greater access to fresh food and the continuation of food assistance. Within the Bangladeshi community, shelter and livelihoods were the next most important needs after food. The overall situation demonstrates the importance of continued assistance and a more durable, long-term solution to address the underlying fragility of the Rohingya community in Bangladesh.

The first survey in the Bhasan Char under REVA in 2022 revealed that the Rohingya in Bhasan Char were the most vulnerable with or without assistance. The reliance on high livelihood-based coping and low percentage of households having adequate diets explained the level of vulnerability compared to the other Rohingyas in the camps.

Figure 1: [Map] Food insecure prevalence (moderately plus severely) by camp, REVA 2022



II. INTRODUCTION

In August 2017, Bangladesh became home to an unprecedented influx of Rohingyas who fled armed conflict in Rakhine state in Myanmar. Over 726,000 people, including more than 400,000 children, established themselves in camps in the Cox's Bazar sub-districts of Ukhiya and Teknaf, joining 35,519 Rohingya already residing in the Kutupalong and Nayapara camps. The influx was a shock for the already fragile subdistricts which saw their population increase by 140 percent. By December 2022, Cox's Bazar hosted more than 923,000 Rohingya, the largest refugee settlement in the world, and the fourth largest urban centre in the country, with a population density of 33,612 inhabitants per km², similar to the most densely populated cities in the world.

The onset of the COVID-19 pandemic in 2020 aggravated the food security situation which had started to stabilize. In 2022, the extreme vulnerability of life in the camps was highlighted by major emergencies that took place the camps – first a massive fire in March, then severe monsoon flooding in August 2022.

In late 2020, the Bangladesh government started to relocate small groups of Rohingya to Bhasan Char, some 60 km off the coast of the Bay of Bengal. The 2022 REVA exercise was thus expanded to include specific analysis of the situation of Rohingyas residing in Bhasan Char and are analysed separately from the majority of the population who still live in the subdistricts of Ukhiya and Teknaf.

As the humanitarian response becomes protracted, humanitarian interventions require more granular primary data to ensure programme design and adjustments are made in line with the prevailing needs and context. REVA-6 provides representative information from the camp camps (and union-level within the Bangladeshi community) to Rohingya and the Bangladeshi community, respectively to support well-informed decision-making for the response.

1. Assessment objectives and implementation

The main objective of the present REVA summary report is to provide an update on the vulnerability of the Rohingya in the Cox's Bazar camps and Bhasan char and surrounding Bangladeshi communities in Ukhiya and Teknaf.

Specific objectives of the REVA-6:

- Monitor the food security and vulnerability of Rohingya and Bangladeshi households one year after REVA-5 in 2021, adopting the 'essential needs' approach².
- Estimate the level of vulnerability and food insecurity by sub-district and by camp.
- Identify the characteristics the most vulnerable groups and assess the trajectory of the vulnerability for panel households in order to identify determinants of increased/decreased vulnerability.

² Essential needs approach is to understand how people meet them and where there are gaps or constraints to meeting them and it enriches insight into food insecurity, its drivers and how it is connected with meeting other needs. (see guidance <https://docs.wfp.org/api/documents/WFP-0000074197/download/>)

- Identify priority needs and provide recommendations for addressing them, building resilience, and improving targeting.
- Measure WFP corporate food security and resilience indicators to estimate the outcomes of WFP activities serving the Rohingya and Bangladeshi communities and Bhasan Char.
- Measure programme-level performance, along with identified strengths, weaknesses, and gaps, to inform the development of corrective actions (if required).
- Create evidence of WFP's contribution to the safety and dignity, meaningful access, accountability, and empowerment of vulnerable beneficiaries.

III. METHODOLOGY

The present REVA assessment examined the demographics, food security and living conditions of the Rohingya population in Cox's Bazar and Bhasan char, and the Bangladeshi communities in Ukhiya and Teknaf. It covers all 31 makeshift camps for unregistered Rohingyas, two camps for those registered, camps in Bhasan char and Bangladeshi populations in Ukhiya and Teknaf. The assessment aims to provide comprehensive and statistically representative data, using a sample size of 4069 households: 2,696 Rohingya households and 967 Bangladeshi households in Cox's Bazar, 406 households in Bhasan Char. The precision of the analysis in this report is 2.5 percent for the Rohingya and 4.5 percent for the Bangladeshi community.

IV. VULNERABILITY

In 2022, overall vulnerability³ continued an upward trend in both the Rohingya and Bangladeshi communities, resulting in much higher prevalence than in pre-pandemic years. For the Rohingya, 95 percent of households were found with moderate to high vulnerability, much higher than the 55 percent Bangladeshi community level (see Figure 2). The proportion of highly vulnerable Rohingya households (83 percent) increased by 1 percentage point compared to 2021, largely driven by economic shocks such as inflation, from the second quarter of 2022, impacting overall vulnerability. Within the Bangladeshi community, vulnerability reached its highest since the REVA was first conducted in 2017, reflecting households' reduced ability to meet essential needs. The Rohingya population in Bhasan char were highly vulnerable as 99 percent were moderately or highly vulnerable.

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

Figure 2: Comparison of overall vulnerability between Rohingya and Bangladeshis in Cox's Bazar without assistance (2019-2022) and Bhasan Char 2022

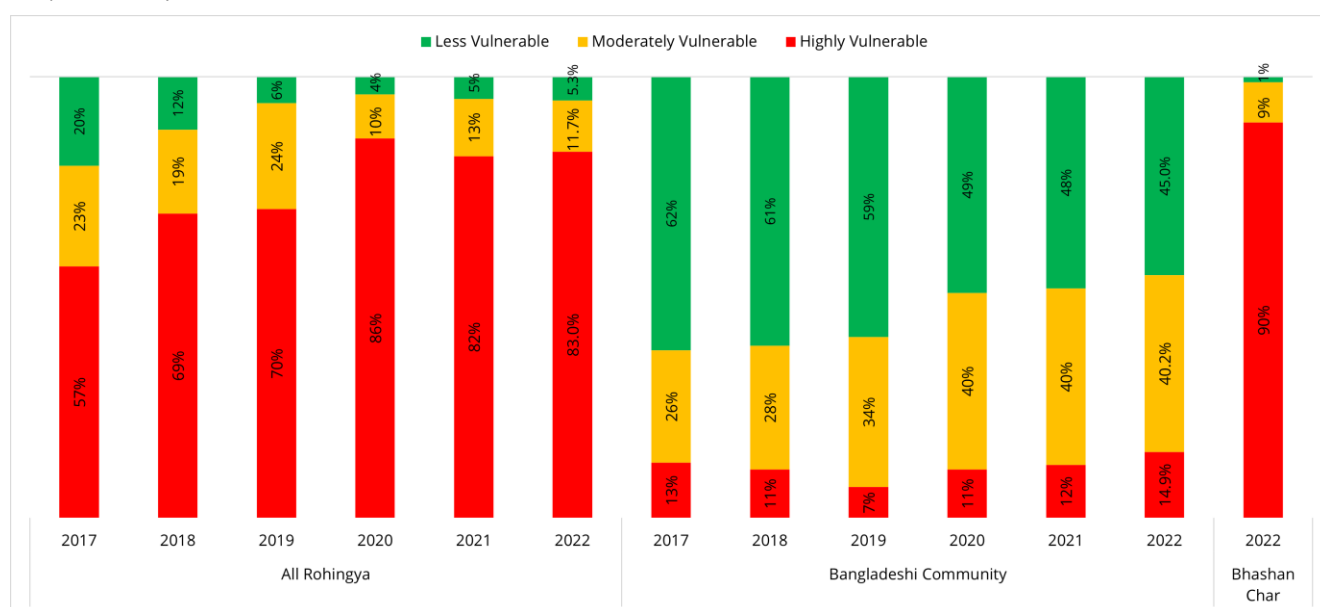
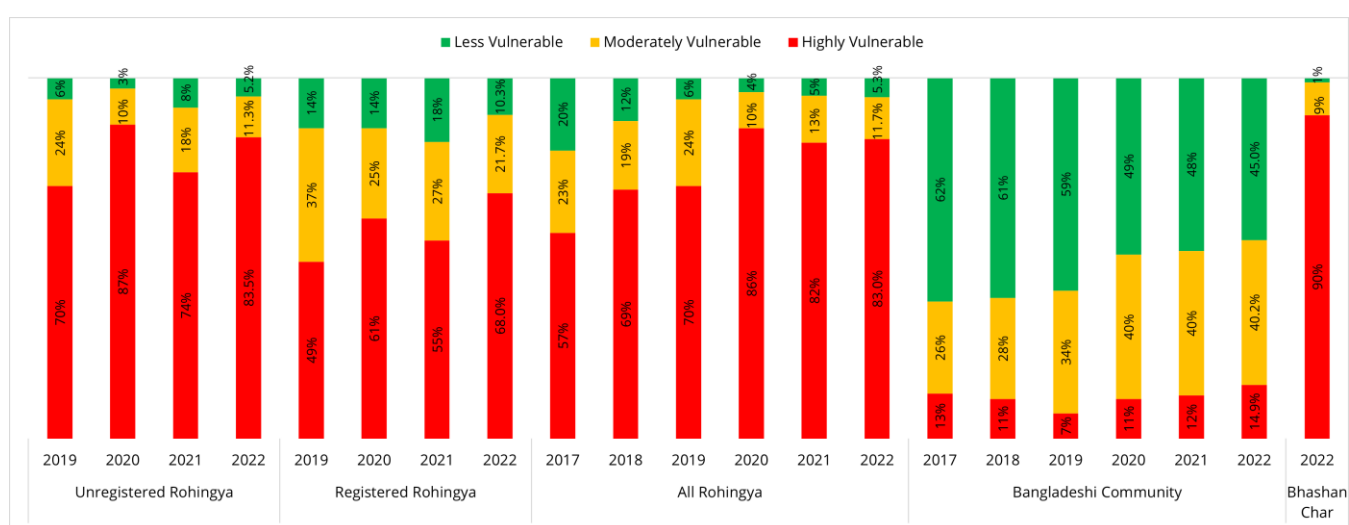


Figure 3: Comparison of overall vulnerability between unregistered and registered Rohingyas (2019-2022) and Bhasan Char 2022

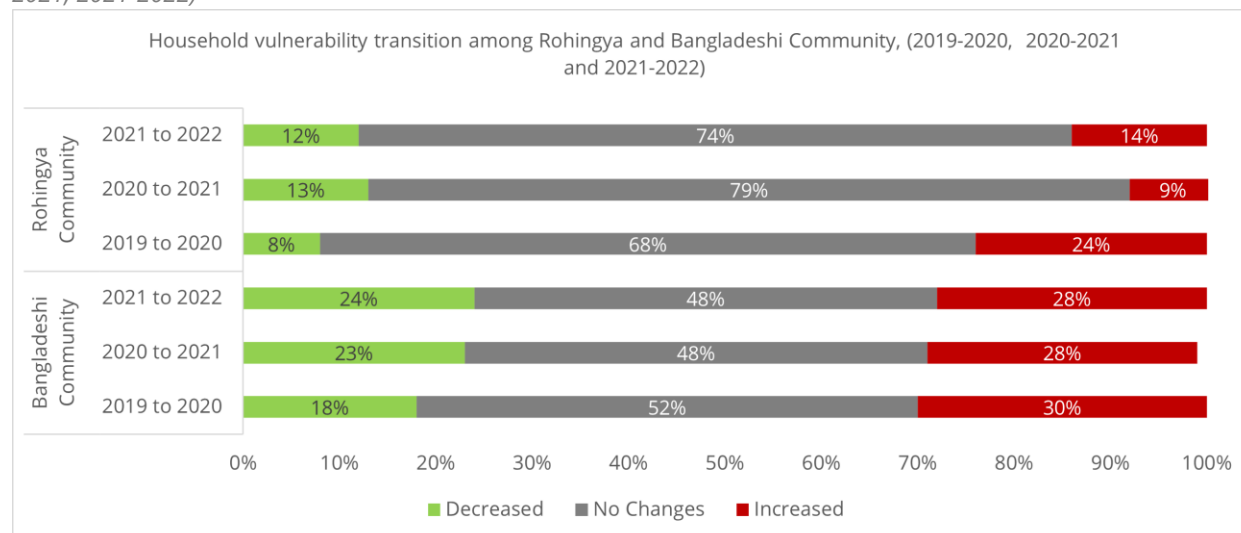


Vulnerability transition: movements in and out of vulnerability

Since 2020, a total of 74 percent of Rohingya households in a panel⁴ retained their previous vulnerability levels, of which 70 percent fell into the high vulnerability category in 2022 (Figure 4 & 5). The proportion of Rohingya households with decreased vulnerability reduced by 1 percent compared to 2021, reaching 12 percent in 2022 and the proportion of households entering into high vulnerability increased by 5 percent reaching 14 percent in 2022 compared to 9 percent in 2021. The shift was most likely due to the high price hikes and I livelihood opportunity, which negatively benefitted the Rohingya.

⁴ Panel in this context means same households surveyed though consecutive REVA surveys to compare the differences in their situation over time.

Figure 4: Household vulnerability transition among Rohingya and Bangladeshi communities (2019-2020, 2020-2021, 2021-2022)



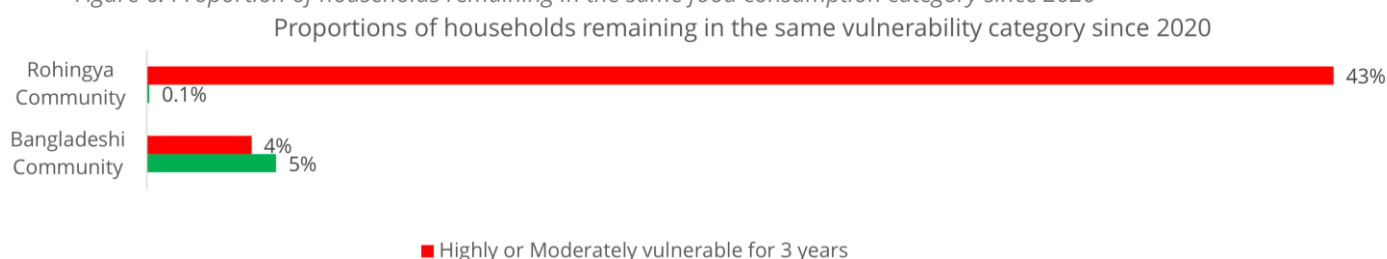
There was no shift noticeable for the Bangladeshi community where 28 percent of households remained in high vulnerability (28 percent in 2021 and 2022), and 24 percent of households moved into reduced vulnerability, a 1 percentage point increase from 2021. About 48 percent of households retained similar levels of vulnerability, similar to 2021.

Figure 5: Changes in vulnerability status of Rohingya and Bangladeshi community households (2021-2022)

Rohingya Community				Bangladeshi Community			
2021 \ 2022	Less	Moderate	High	2021 \ 2022	Less	Moderate	High
Less	1%	1%	3%	Less	26%	17%	5%
Moderate	1%	2%	10%	Moderate	16%	19%	6%
High	4%	8%	70%	High	4%	5%	4%

Since 2020, 43 percent 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 4 percent of Bangladeshi community panel households.

Figure 6: Proportion of households remaining in the same food consumption category since 2020



A component-wise breakdown of vulnerability 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.

Figure 7: Proportion of households remaining in the same food consumption category since 2020

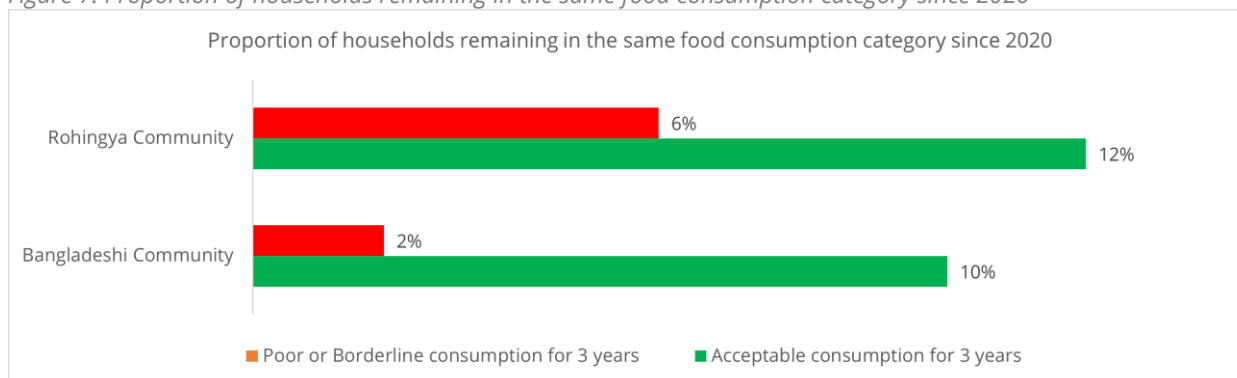
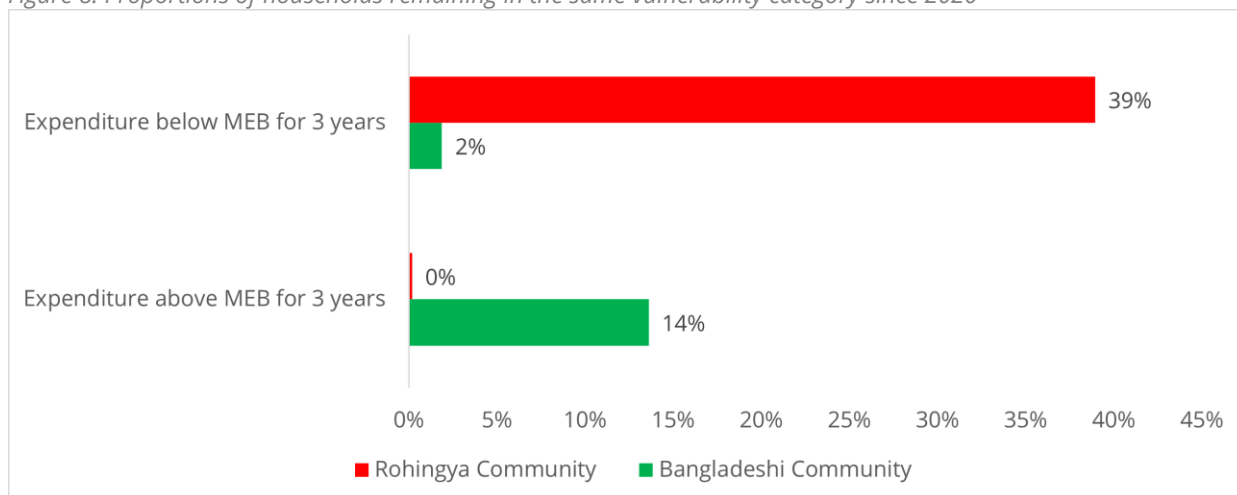


Figure 8: Proportions of households remaining in the same vulnerability category since 2020



Determinants of Vulnerability

The determinants of vulnerability⁵ are demographic characteristics which are highly associated with the vulnerable households. They were examined at household-level to better understand the characteristics of Rohingya households with high vulnerability, and of Bangladeshi households with high or moderate vulnerability. It is pivotal information to improve program targeting and design for WFP and other humanitarian actors. Findings show that the characteristics of the most vulnerable households have not changed significantly since the previous REVA exercise in 2021.

Figure 9: [Table] Determinants of vulnerability for the most vulnerable households

Household Characteristics (REVA 6)	Rohingya Community	Bangladeshi Community
Demographics		
Women-led households with 3 or more children		X
Households with 3 or more members with a disability	X	
Households with children under 5 years old	X	
Household with 3 or more children (< 15 years)	X	X
Household with adolescent (10-19 years)	X	
Households with 5 or more members	X	
Households with 6 or more members	X	X
High crowding index (> 2)	X	X
High dependency ratio (> 1.5)	X	X
Economic factors		
Absence of male member of working age (15-49 years)		X
Land occupancy less than 5 decimal		X
Educational factors		
Head of the household having no education or below primary education	X	X

Rohingya households

Among Rohingya households, the following demographic characteristics were found to contribute significantly to high vulnerability; households with 3 or more members with a disability, households with children under 5 years old, households with three or more children (< 15 years), households with adolescent (10-19 years), households with 5 or more members, high crowding index (> 2 people per room), and high dependency ratio (> 1.5). Heads of households with below-primary schooling or no education at all had a high probability of having less income, causing the high vulnerability both in Rohingyas and Bangladeshi communities⁶. The absence of active working members in a household was also a predictor of high vulnerability. There were only insignificant

⁵ Demographic identifiers, such as: sex of the head of the household; presence of household member or head with disability; household size; dependency ratio; etc., were tested for correlation with high vulnerability for the Rohingya displaced population and high or moderate vulnerability for the Bangladeshi community. The variables significantly correlating with vulnerability levels were set into different models of binary logistics. Variables showing significant statistical relationships were selected as identifiers of vulnerable households.

differences between male and female-led households in terms of vulnerability, likely as a result of WFP' blanket food assistance covering all Rohingya households' equality.

Bangladeshi Community

Among the Bangladeshi community, women-led households with three or more children, households with a high crowding index, and households with a high dependency ratio⁷ remained highly vulnerable. Other determinants which contributed to high or moderate vulnerability were: households with three or more children under 15; households with six or more members; households with a head with below primary or no education, land occupancy less than 5 decimal, and households without a male member of working age (i.e., 15-49 years old) (see Figure 9).

2. Expenditure patterns and economic vulnerability

Average expenditure levels

In 2022, overall expenditure at household-level increased significantly in the face of the global economic crisis and its overarching impacts on Bangladeshi markets. The average monthly expenditure for cash purchases increased by BDT 486 and BDT 162 per capita within the Bangladeshi community and Rohingya households respectively as compared to 2021. However, Rohingya households spent significantly less– BDT 1,049 (US\$10.20)⁶ per capita per month – than Bangladeshi community households, who spent on average BDT 3,009 (US\$29.20) per capita per month –differences which were also found in 2021. By adding the imputed value of humanitarian assistance, aggregated expenditures for Rohingya households rose to BDT 2,834 (US\$27.50) per capita per month and 3,294 (US\$32) for Bangladeshi community households, which demonstrates the importance of humanitarian assistance in supporting the essential needs of vulnerable households.

Expenditure patterns

Expenditure patterns remained in line with trends observed in previous years for both populations. Food continued to comprise the highest share of monthly expenditure – 71 percent for Rohingya households and 64 percent for Bangladeshi community households (Figure 10 and Figure 11). Including the value of assistance, the share of the monthly budget spent on food remained the same as 2021 for Rohingya households at 71 percent. However, households had to cut expenditure on medical care (3 percent decrease from last year), clothing (1 percent decrease from last year) and other expenses to cope with the ongoing economic hardship. Monthly expenditure on cereals, mainly rice, was the main food priority for both Rohingya and Bangladeshi community households, while the highest shares of non-food expenditure was on medical care and fuel.

⁶ All calculations in this report use the exchange rate of US\$1 = BDT 103

Figure 10: Breakdown of expenditure in Rohingya households (including assistance)

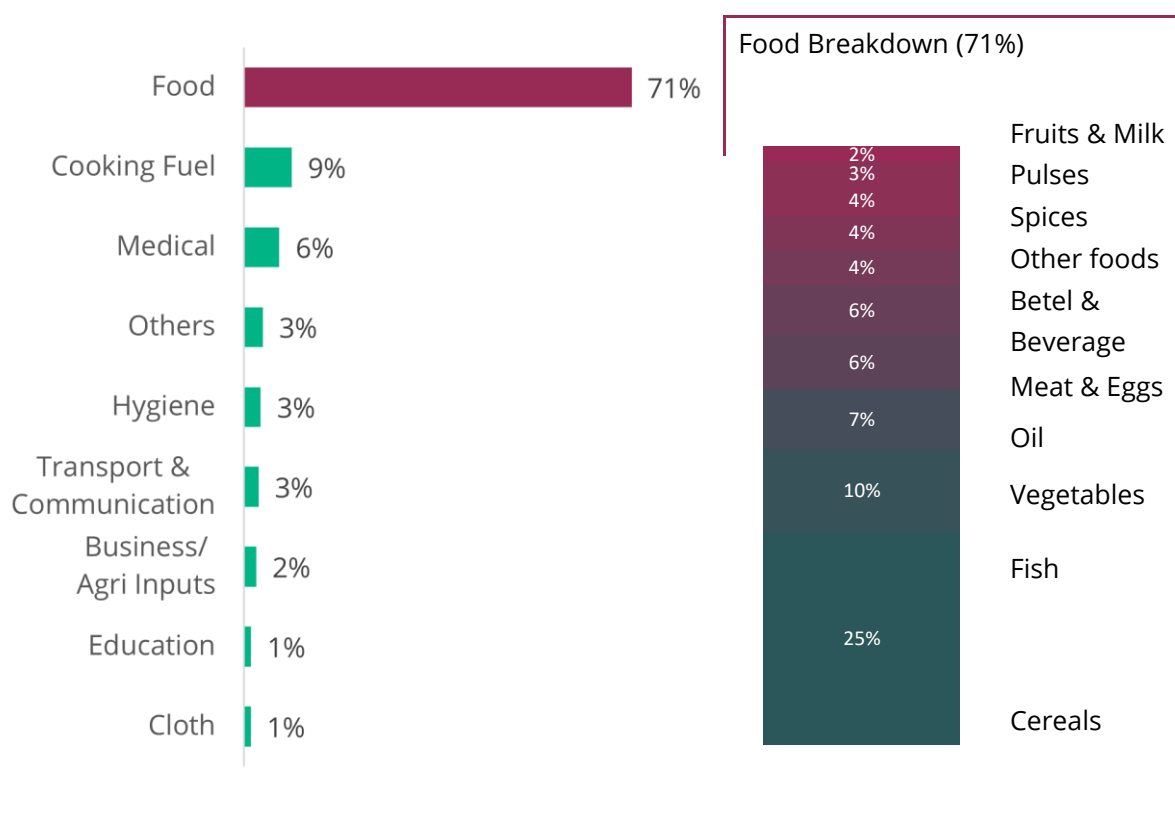
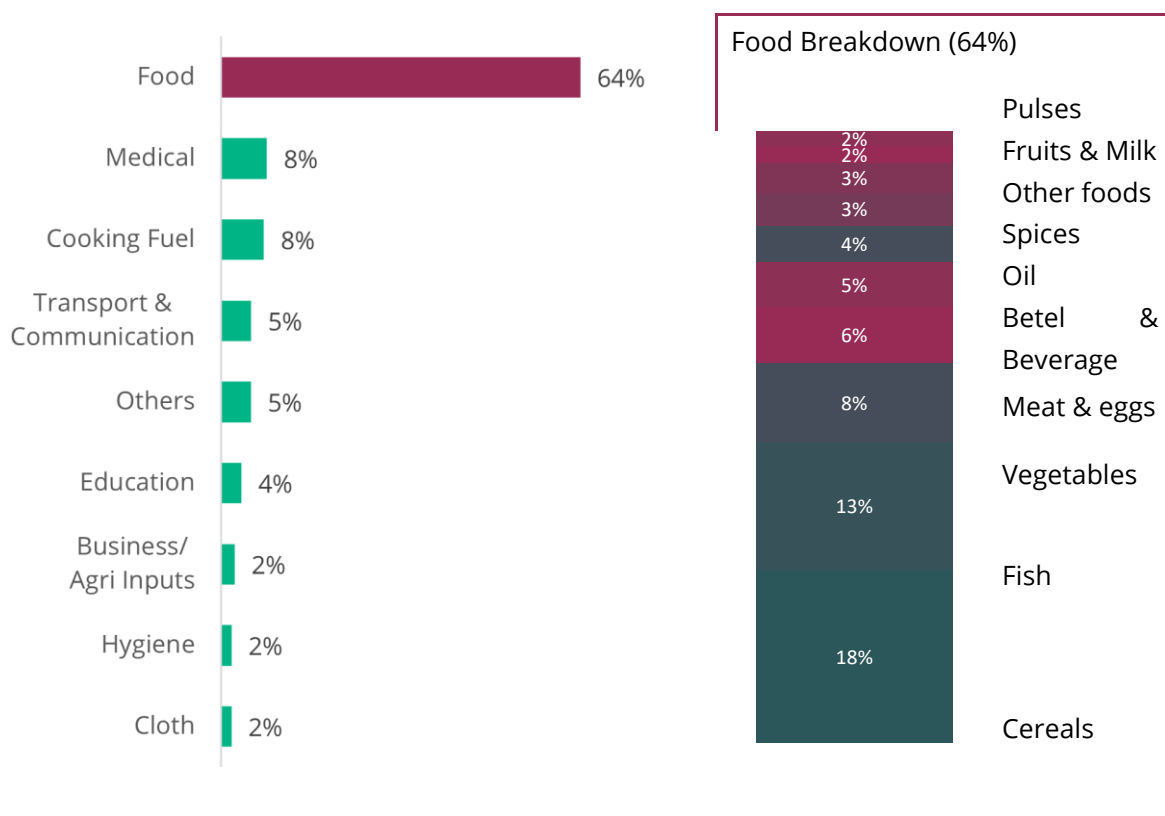


Figure 11: Breakdown of expenditure in Bangladeshi households (including assistance)



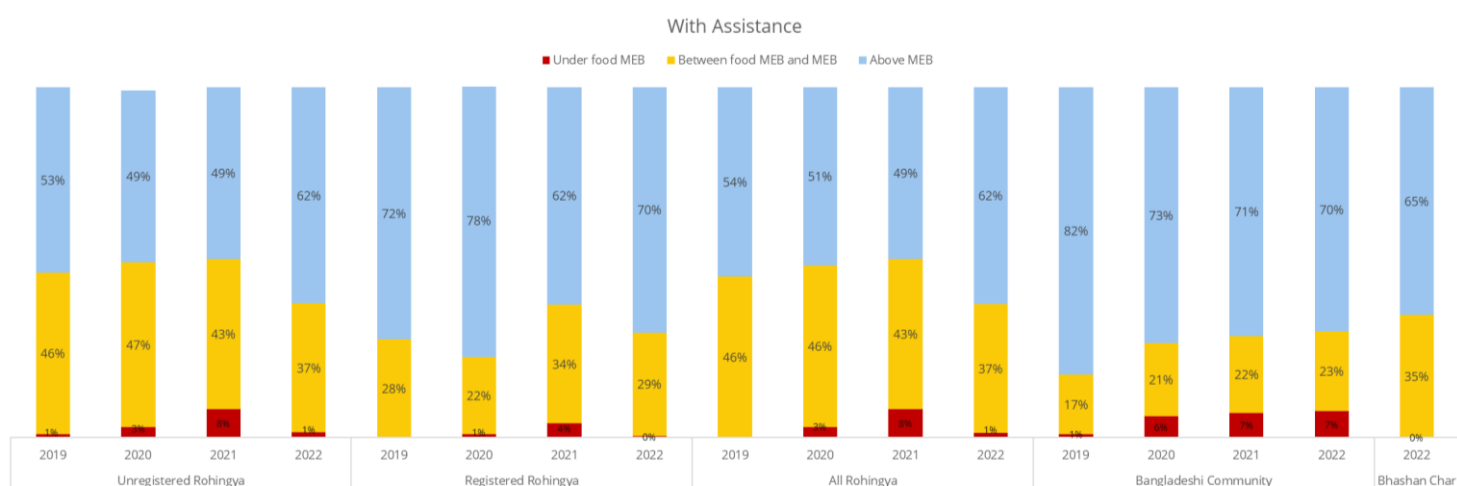
Economic vulnerability

Levels of economic vulnerability⁷ greatly decreased in 2022; considering the humanitarian assistance, only 38 percent of Rohingya households had expenditure below the minimum expenditure basket (MEB),⁸ a 13-percentage point improvement from the considerably higher 2021 figure of 51 percent. Looking at Rohingyas, the same positive trend was observed; with below MEB expenditure deteriorated from 30 percent in 2021 to 38 percent in 2022 among registered refugees and falling from 51 percent to 38 percent for unregistered Rohingyas. Unregistered Rohingyas face greater challenges than registered refugees, as they have limited economic opportunities in the camps compared to registered refugees who – due to their longer stay and smaller numbers – have been more integrated into local economies.

To better understand the impact of humanitarian assistance on economic vulnerability, a hypothetical model of household expenditure discounting the value of assistance was created. This demonstrated a significant increase in economic vulnerability, resulting in 93 percent of Rohingya households consuming below the MEB. These results highlight the critical role of humanitarian assistance; without it, almost all households would be unable to cover their minimum consumption needs. The Rohingya community in Bhasan char are comparatively in a better situation with food assistance in comparison to the community in Cox's Bazar due to the higher transfer value.

Economic vulnerability among Bangladeshi community households, further increased to 35 percent in 2022 as compared to 32 percent in 2021, which was already higher than the 2019 pre-COVID-19 level (26 percent). This deterioration reflects households' hardship in dealing with the ongoing global food crisis, the pandemic's continued economic impacts, and 2022 price hikes of basic essential commodities in Bangladesh. The Rohingya communities in Bhasan char was between and above the MEB with assistance and found similarly vulnerable without.

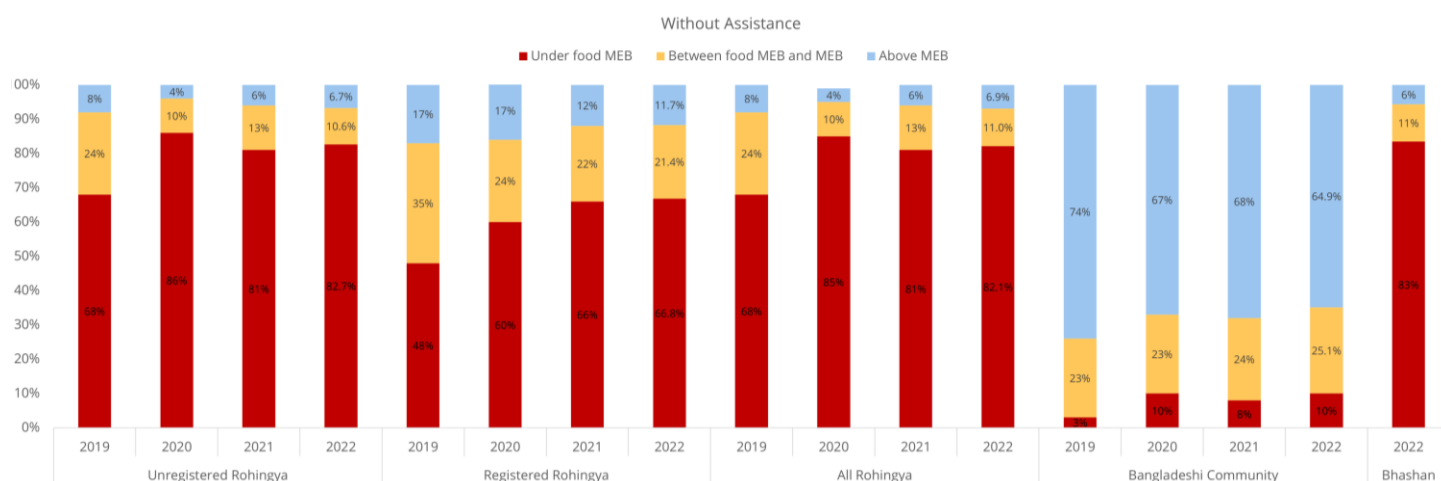
Figure 12: Economic vulnerability levels among both communities with assistance



⁷ Households' economic capacity to meet essential needs (ECMEN) was determined by estimating the proportion of households with consumption above and below the minimum expenditure basket (MEB).

⁸ MEB is what a household requires to meet their essential needs on a regular or seasonal basis and its average cost. In 2022, MEB value for Cox's Bazar was updated according to inflation rates for food and non-food items.

Figure 13: Economic vulnerability levels among both communities without assistance



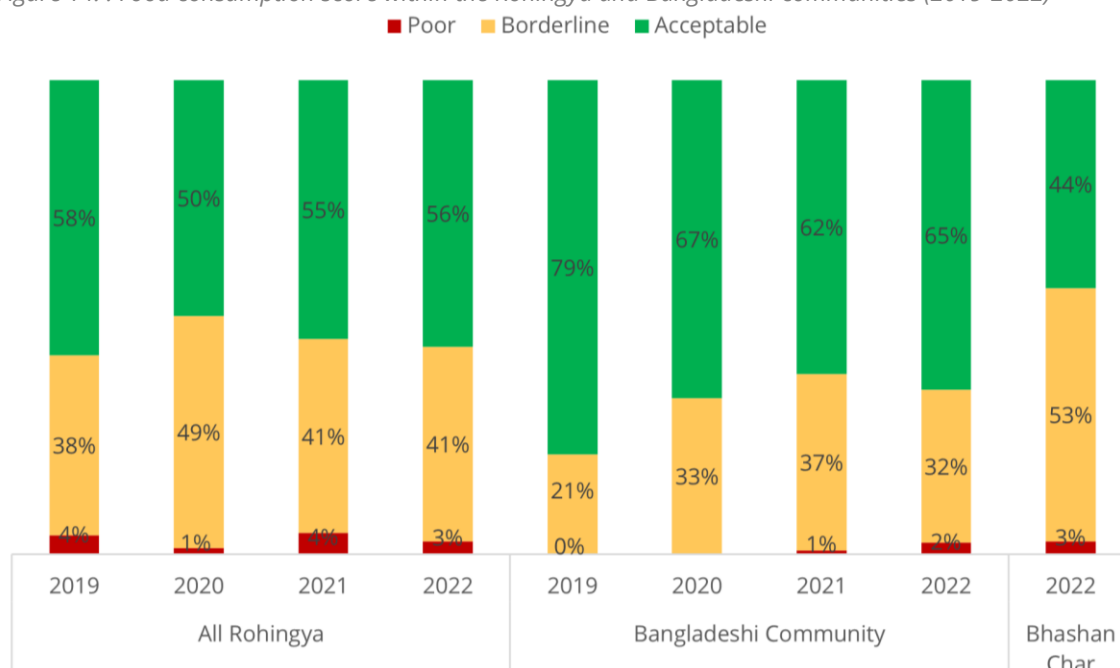
V. FOOD CONSUMPTION

On average, household access to food improved slightly in 2022 compared to the previous year. The overall acceptable food consumption for the Rohingya remained almost unchanged since 2019 (56 percent versus 58 percent) but worsened by 14 percentage points for the Bangladeshi community households, dropping from 79 percent to 65 percent from 2019 to 2022. Among Rohingya households, levels of poor food consumption also improved, decreasing from 4 to 3 percent between 2021 and 2022.

In the Bangladeshi community, inadequate food consumption (poor and borderline) dropped from 38 to 34 percent from 2021 to 2022 (see Figure 14), mainly driven by a decrease in borderline food consumption from 37 to 32 percent. However, poor food consumption increased slightly from 1 to 2 percent. While food consumption patterns for the Bangladeshi community seem to be improving, the situation has not yet reached pre-pandemic levels in 2019, where 8 in 10 Bangladeshi community households had acceptable food consumption and no households had poor food consumption. The Bangladeshi community is still recovering from COVID-19 job and livelihood losses, amidst high food prices, increased cost of living and low wage rates, which make it challenging to return to earlier food consumption and livelihood levels.

There were discrepancies in food consumption between female and male headed households in Rohingyas, despite WFP's standardized assistance entitlements. Within the Rohingya community, a higher proportion of women-headed households reported having inadequate and poor food consumption as compared to male-headed households (41 versus 49 percent, respectively). The gendered nature of the results is similar in the Bangladeshi community (41 versus 33 percent, respectively), although comparatively better overall food consumption was seen. Comparatively, the Rohingya households in Bhasan char had less households affording acceptable diets.

Figure 14: : Food consumption score within the Rohingya and Bangladeshi communities (2019-2022)



In 2022, dietary diversity⁹ remained comparable to 2021 among both Rohingya and Bangladeshi community households. On average, Rohingya households consumed 5.7 food groups a week, while the Bangladeshi community consumed 5.8 groups. Food consumption frequency¹⁰ was similar among Rohingya and Bangladeshi community households, with staples and oil being consumed almost daily. Since pulses are among the e-voucher outlet options provided to Rohingyas, more frequent consumption of pulses was seen among Rohingya households (2.7 days per week) compared to the Bangladeshi community (1.9 days per week). The Bangladeshi community, on the other hand, had greater consumption of animal proteins and vegetables (4.2 and 4.4 days per week, respectively) as compared to Rohingya households (3.5 and 3.7 days per week) as a result of higher income and better access to fresh products through markets and their own production. In 2022, Rohingya households had slightly poorer vegetable consumption frequency than in 2021 (3.5 days versus 4.1 days per week); while in the Bangladeshi community, vegetable consumption remained almost the same (4.4 versus 4.6 days per week). For both communities, consumption of milk or dairy products and fruit was very low, averaging less than one day per week.

VI. COPING MECHANISMS

3. Consumption-based coping

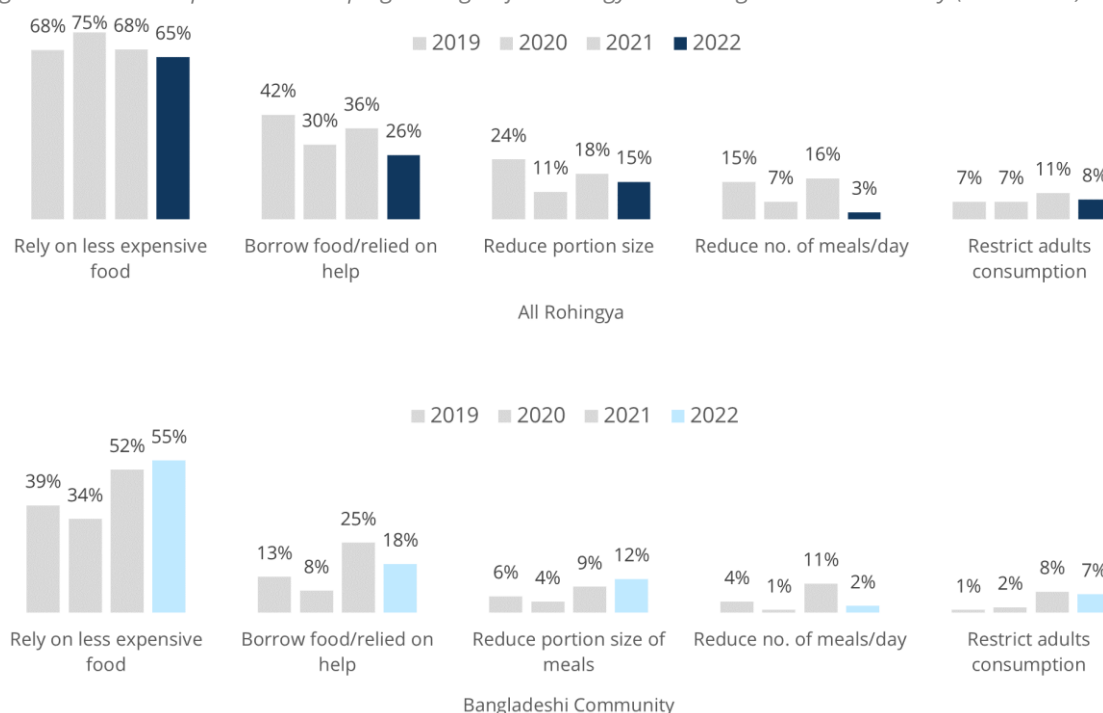
Looking at different indicators measuring livelihoods, both Rohingya and Bangladeshi community households struggled to put food on the table, and frequently resorted to negative coping strategies to meet their daily food consumption needs. More than one-fourth of Rohingya households (26 percent) and almost one-fifth of Bangladeshi community households (18 percent)

⁹ Household dietary diversity is defined as the number of unique food groups consumed by household members over the past 7 days

¹⁰ Food consumption frequency is calculated as the number of days in the last seven days where a food group was consumed.

borrowed food or relied on support from friends or relatives to supplement their food intake. Households also compromised on the quantity of food consumed in order to get by; in the camps, 15 percent of Rohingya households reduced portion sizes for meals, similar to the 12 percent observed in the Bangladeshi community. Nonetheless, some improvement can be seen in both groups as the most severe coping strategy – reducing the number of meals consumed per day – has decreased. For Rohingya households, this figure fell from 16 to 3 percent, and for Bangladeshi households from 11 to 2 percent from 2021 to 2022. Meanwhile, slight improvement was also seen for a moderately severe coping strategy as a proportion of households had to restrict adult consumption for children to eat at least one day – 8 percent in the camps and 7 percent in the Bangladeshi community.

Figure 15: : Consumption-based coping strategies for Rohingya and Bangladeshi community (2019-2022)



While over half the population in both groups had to rely on less preferred or less expensive food, an improving trend can be seen among households in the camps, likely due to WFP's return to the e-voucher assistance modality¹¹. It is assumed that this shift drove the proportion of households using the less preferred foods strategy from 75 to 65 percent from 2020 to 2022. The Bangladeshi community struggled more, however, with an increased proportion of households relying on less preferred foods (55 percent) compared to 2019, a 16-percentage point increase. Still, the proportion of households employing each strategy was higher in camps than in the Bangladeshi community, with the exception of adult food consumption restrictions.

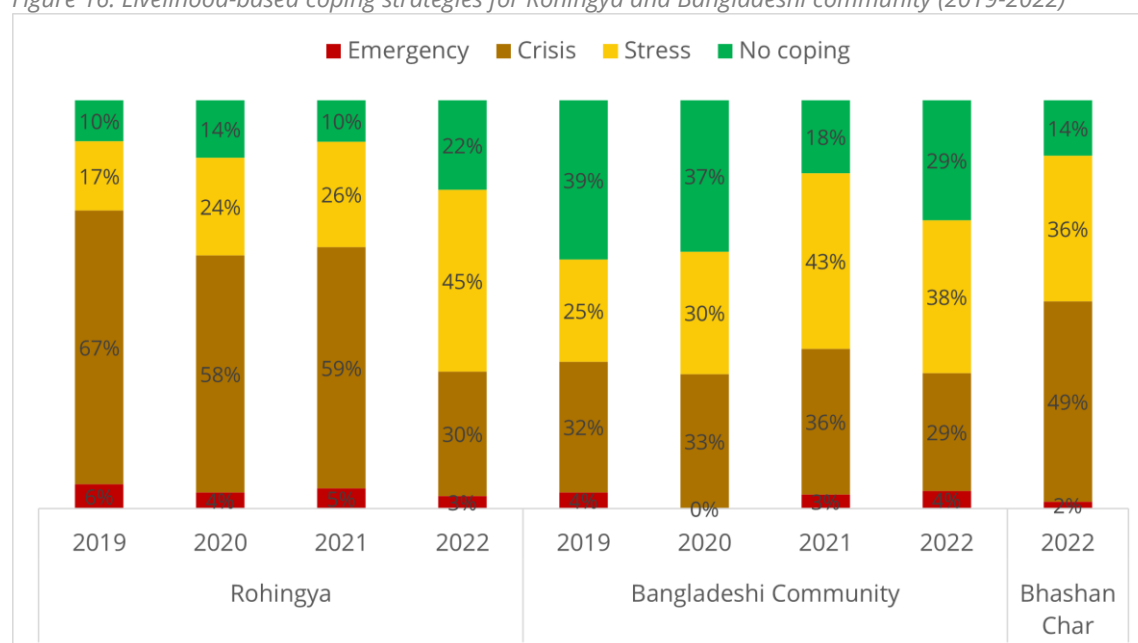
¹¹ Between 2020 and 2021, WFP temporarily suspended e-voucher assistance modality as a COVID-19 measure.

4. Livelihood-based coping

Rohingya households in the Cox's Bazar camps resorted less to coping strategies compared with 2021. Some 22 percent of households could put food on the table without relying on any negative livelihood coping strategies, evidence of a significant improvement compared to the 10 percent recorded in 2019. However, nearly one-third of households (33 percent) still had to employ at least one crisis or emergency strategy (Figure 16).

In the Bangladeshi community, the proportion of households not using any coping strategies to put food on the table was 29 percent. This marked an increase of 11 percentage points from the previous year (18 percent) but still lower by 10 percentage points compared to the base year 2019. Households relying on stress coping strategies decreased from 43 to 38 percent between 2021 and 2022. Households are slowly recovering from the heightened hardship caused by the pandemic's impact on the local economy and livelihoods. Results also showed a slight increase in the proportion of Bangladeshi community households employing emergency coping strategies. When looking at the individual livelihood coping strategies used, 57 and 58 percent of Rohingya and Bangladeshi community households respectively borrowed money to meet essential needs, and 57 percent versus 45 percent bought food on credit. One third of households in both communities reduced essential non-food expenses to cover the food needs (such as education, health, and clothes), and 2 percent of Rohingya households withdrew children from school versus 5 percent of Bangladeshi community households. Among both groups, food needs continued to be the main reason for resorting to livelihood coping strategies, followed by health, shelter and energy needs.

Figure 16: Livelihood-based coping strategies for Rohingya and Bangladeshi community (2019-2022)



VII. Livelihoods and Income

5. Borrowing and Credit

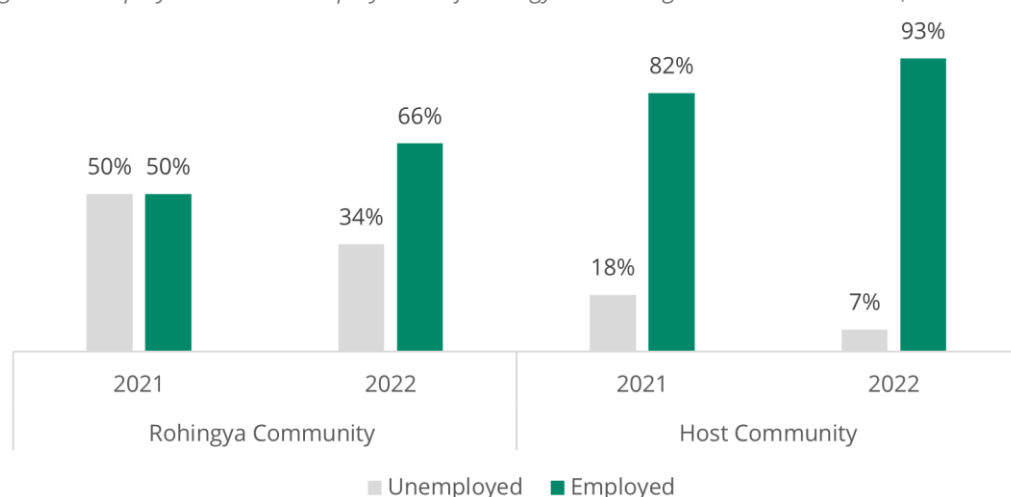
In 2022, 72 percent of Rohingya and 60 percent of Bangladeshi community households borrowed money, to buy food, basic healthcare/medication, and school-related fees, and to pay for

transportation. Borrowing money was slightly less prevalent than in 2021, the year with the biggest peak since 2019, representing a considerable increase in debt. Still, the high proportion of households taking on debt reflects the difficulties people face in meeting their basic needs. In the camps, the proportion of households taking on debt to cover health needs drastically increased, growing from 52 to 70 percent between 2021 and 2022, while those going into debt to meet food needs increased even more dramatically, escalating from 42 to 72 percent. In the Bangladeshi community, the proportion of households similarly increased from 36 to 60 percent from 2021 to 2022. More and more households in both communities require external assistance to meet their basic needs.

6. Income generation and self-reliance

In 2022, labour force participation ¹² significantly improved from 2021 despite greater unemployment overall evidenced in REVA 5 (Figure 17). Among the Rohingya, 66 percent of people reported having some form of income (22 percentage points higher than 2021).¹³ The employment rate increased among both the Bangladeshi communities compared to 2021, portraying that the Bangladeshi community has recovered from the post-pandemic economic shock.

Figure 17: Employment and unemployment of Rohingya and Bangladeshi communities (2021-2022)



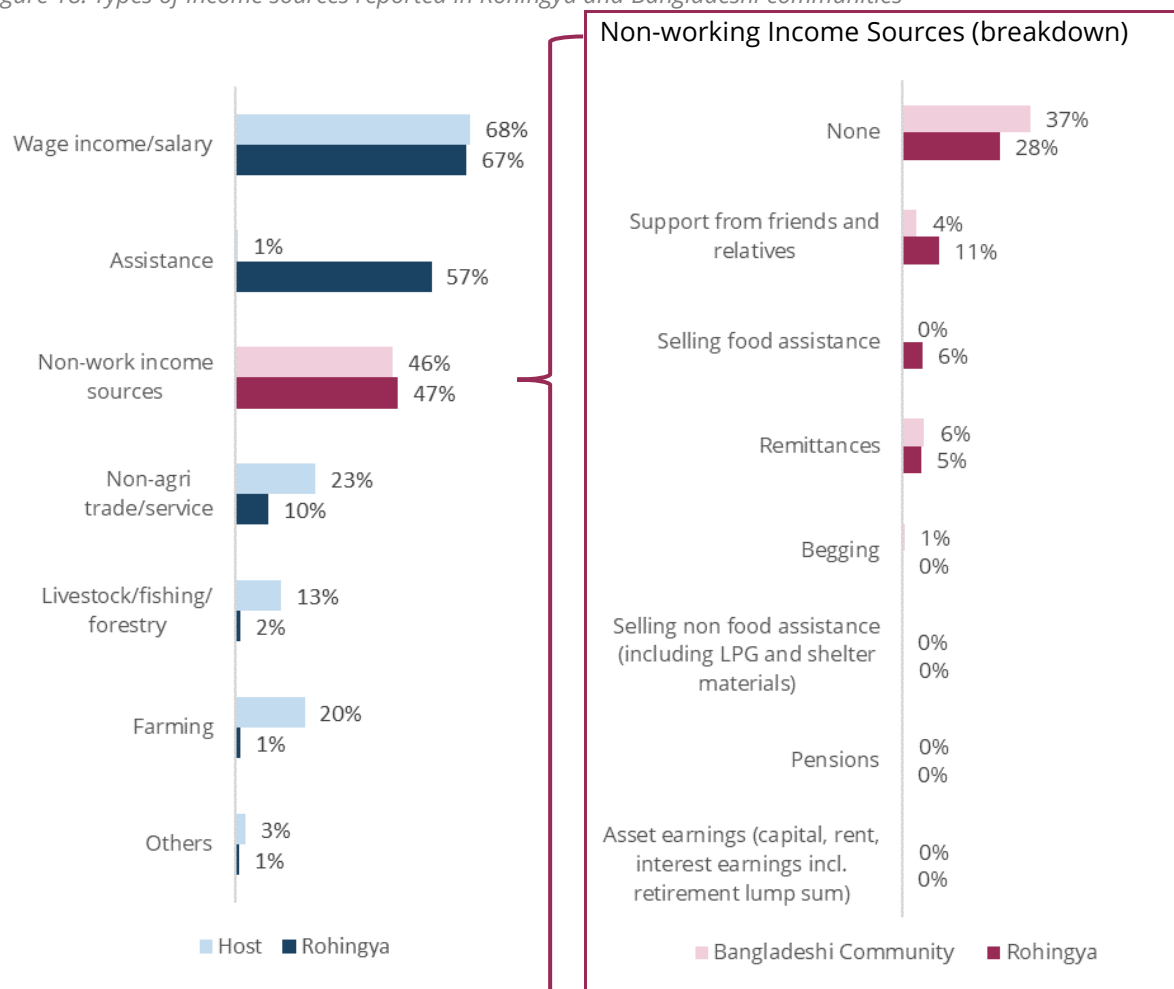
Only 34 percent of the Rohingya households were not engaged in any income-generating activity, while for the Bangladeshi community, the number also fell from 2021 (to 7 percent).

More than half of the Rohingya households (57 percent) reported WFP e-voucher assistance as their main income source, compared to 1 percent in the Bangladeshi community who reported external assistance as their main income. Nearly half of Rohingya households (47 percent) also received income from non-work sources, such as support from friends (11 percent), the selling of assistance (6 percent) and remittances (5 percent). Within the Bangladeshi community, wage income/salaried work – followed by non-agricultural trade or services-based income – represented the highest share of work-based income sources, similar to 2021.

¹² Labour force is defined as the proportion of the population who worked in the last 30 days prior to the survey. The presence of such members in the household is then converted to show the proportion at the household level.

¹³ Rohingya population does not have right to work.

Figure 18: Types of income sources reported in Rohingya and Bangladeshi communities



Rohingya households reported earning an average of BDT 4,442 (US\$ 35) per month through salaried work, whereas Bangladeshi community households reported up to 3.3 times greater income (BDT 13,381 or US\$131). The devaluation of the BDT against the U.S. Dollar caused decreased incomes (as expressed in dollars) compared to the previous year. Lower earnings among Rohingya households were caused by lower wage rates and fewer days of work available.

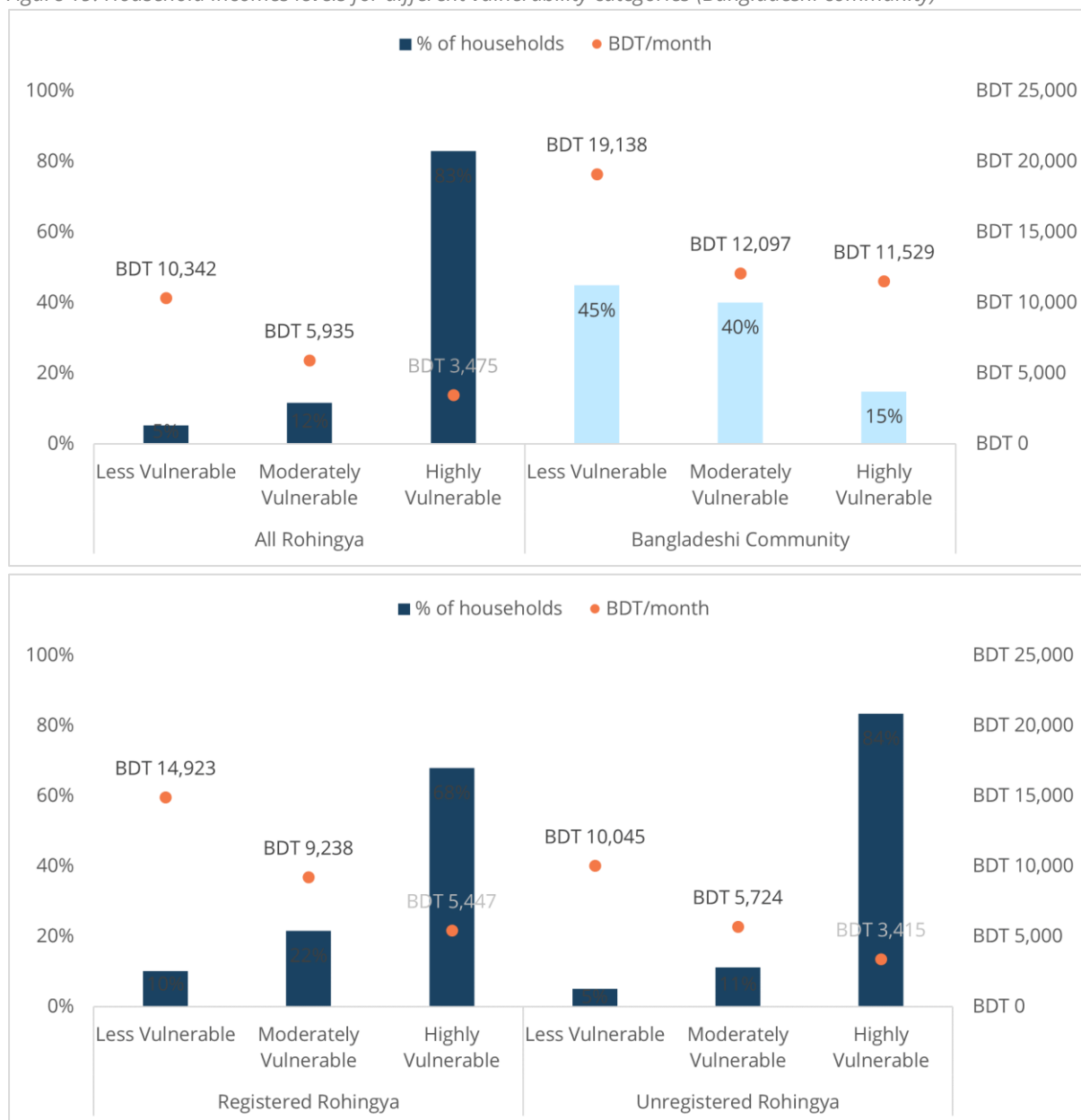
7. Income and vulnerability levels

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. Some 83 percent of Rohingya households are highly vulnerable without assistance with an average monthly income of BDT 3,475 (US\$35) or less. In the Bangladeshi community, far fewer households were classified as highly vulnerable (15 percent), and those households had an average monthly income of BDT 11,529 (US\$115), about xx percent greater than the least vulnerable Rohingya households (BDT 10,342 or US\$105). In both communities, households were classified as highly vulnerable mainly due to their use of negative coping strategies (seeking or taking support from friends, relatives, or neighbours; selling assistance; begging).

It is difficult to make a direct comparison as livelihood opportunities vary significantly between the two communities and result in very different levels of income. Low vulnerability was associated with having a monthly salaried job for households in both communities, while irregular daily

labour, non-agricultural wage labour or (among the Rohingya only) reliance mainly on WFP's e-voucher assistance marked households with high vulnerability. Household heads with no education or below primary education were found with much lower per capita income compared to household heads with primary or above primary education.

Figure 19: Household incomes levels for different vulnerability categories (Bangladeshi community)



VIII. I. 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-6, 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 2021 REVA and the 2022 REVA cannot be directly compared.

In 2019 the proportion of multidimensionally-deprived households was 47 percent which increased to 60 percent in 2020, then improved to 47 percent in 2021 and again increased to 50 percent in 2022. For the Bangladeshi community, the proportion of multidimensionally-deprived households was 23 percent in 2019 which increased by 10 percent in 2020, another 10 percent in 2021 and remained same (43%). For Bhasan char, on average, 49 percent households are multidimensionally deprived.

Deprivation of education has been increasing since 2019 for both Rohingya and Bangladeshi communities. The Rohingyas in Bhasan char are facing the highest challenges in pursuing education due to lack of facilities. Some 94 percent households are deprived from education there. In general, female headed households are more deprived than that of male headed.

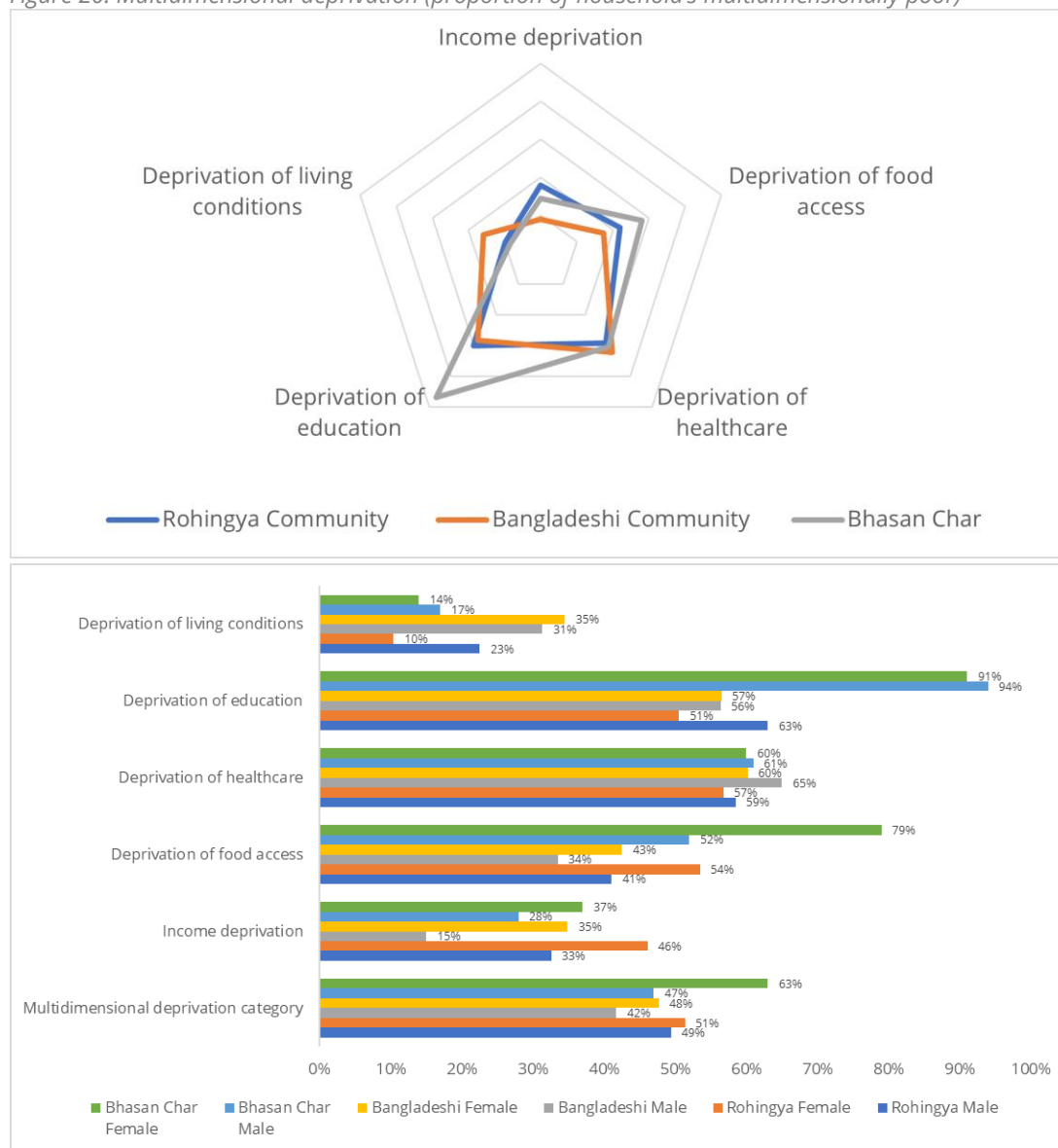
Deprivation of healthcare had decreased compared to the previous years, although remained alarmingly high. Both male and female-headed households in the Bangladeshi community were found to face higher deprivation compared to others.

Deprivation of food access saw a decreasing number of households after a consecutive increasing trend for the Bangladeshi 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, down to 46 percent in 2021 and again 44 percent in 2022. Bangladeshi community male-headed households were found to face less deprivation than other households. Female headed households in Bhasan char is facing the highest deprivation.

Deprivation of Income recessed to 36 percent, a 32 percent reduced number of households in the Rohingya community due to few livelihood opportunities and engagement. The proportion of Bangladeshi community households facing income deprivation has decreased to 18 percent. 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 Bangladeshi community. In Bhasan char, female headed households are more deprived than male headed households.

Deprivation of living conditions has increased in the Bangladeshi community due to price hikes and expenditure increase. Living conditions were more or less similar for both male- and female-led households in the Bangladeshi community and Bhasan char. Surprisingly, female headed households were in better conditions in the Rohingya community.

Figure 20: Multidimensional deprivation (proportion of household's multidimensionally poor)



IX. Resilience capacity in the face of shocks and stressors

The resilience capacity score (RCS) 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. 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.

The RCS plotted in Figure 21 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 Bangladeshi community households. This suggests that none of the communities has the capacity to prepare, respond and transform in the face of environmental (fire hazards, landslides, storms (windstorm),

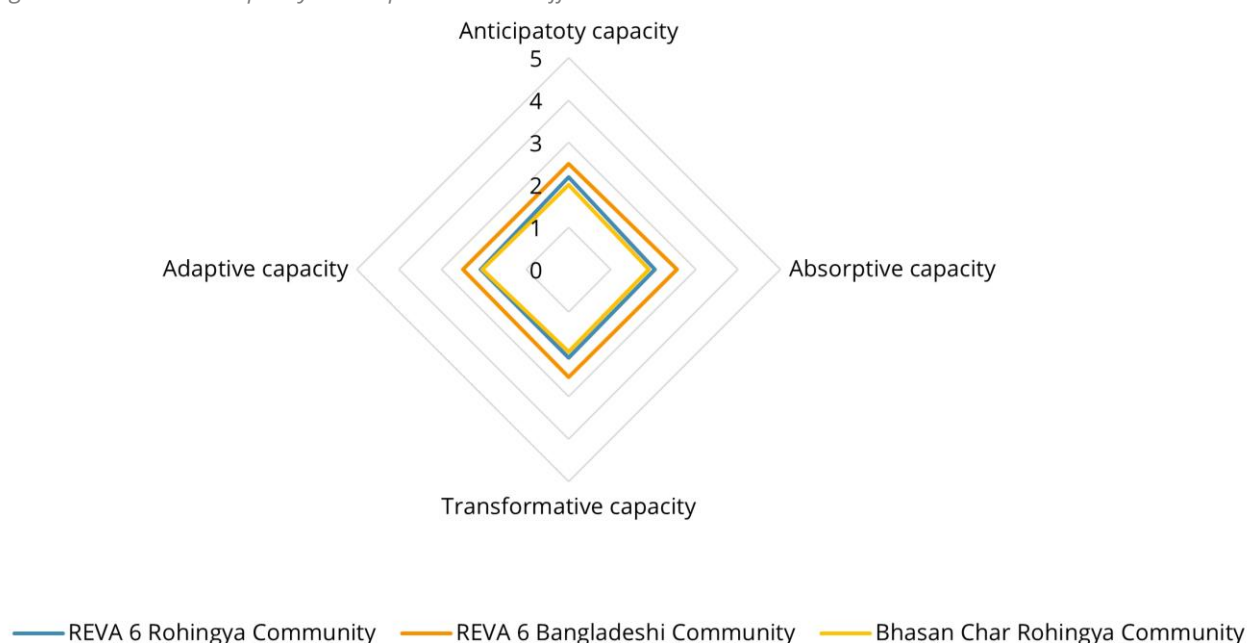
floods/flash floods, cyclones, lightning, dry spells/heatwaves, storm surge, salinity) or artificial (fire) shocks and stressors, and that Rohingyas might be more at-risk to be negatively affected.

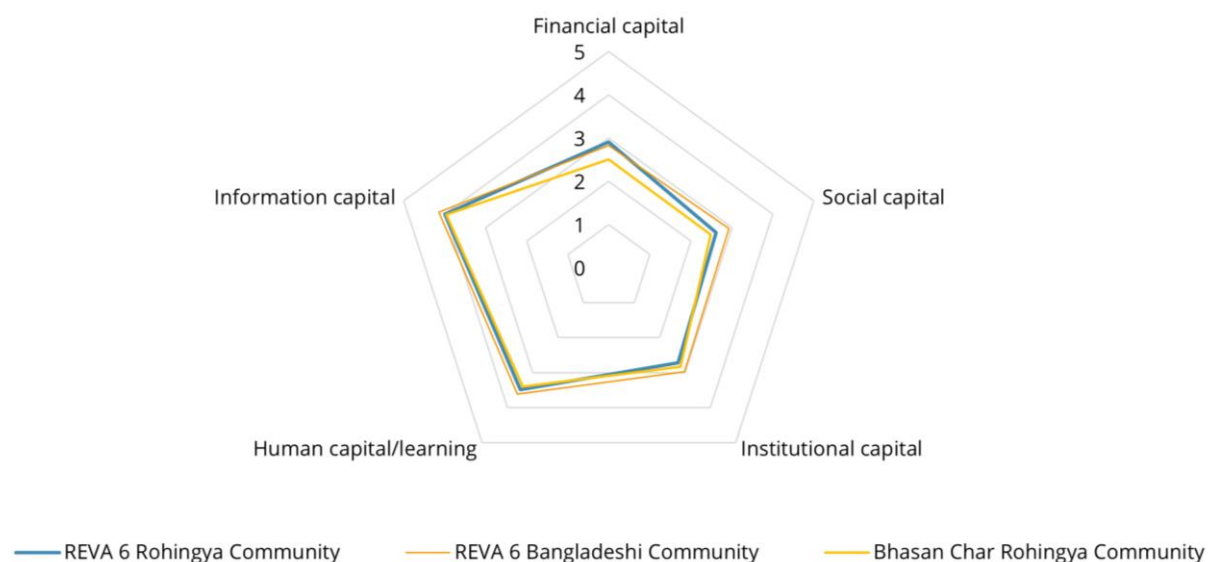
The disaggregation of the analysis by location indicates that the overall resilience capacities in Ukhiya and Teknaf are below average for all communities residing there, pointing at a very high inability of households to face and recover from similar types of shocks and stressors that hinder their resilience.

Figure 21 also represents existing livelihood capitals within the two communities, where the Bangladeshi 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 Bangladeshi 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 and higher household size were found significantly increasing resilience capacity/score. On the other hand, a higher multidimensional poverty score and dependency on assistance-based income significantly reduce the resilience capacity score. This is also an indication that income-generating livelihood opportunities play a crucial role for both communities in building and strengthening their resilience.

Figure 21: : Resilience capacity and capital score in different communities



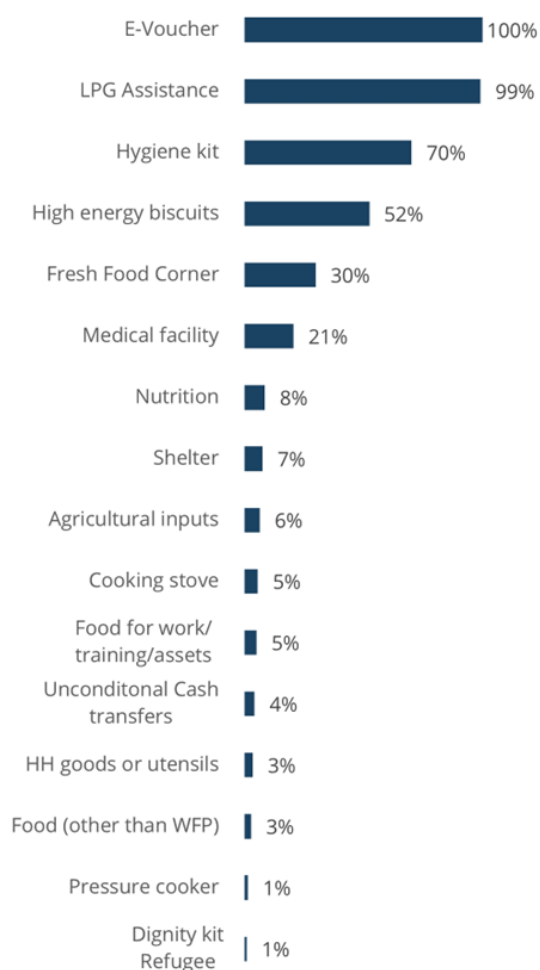


X. Assistance

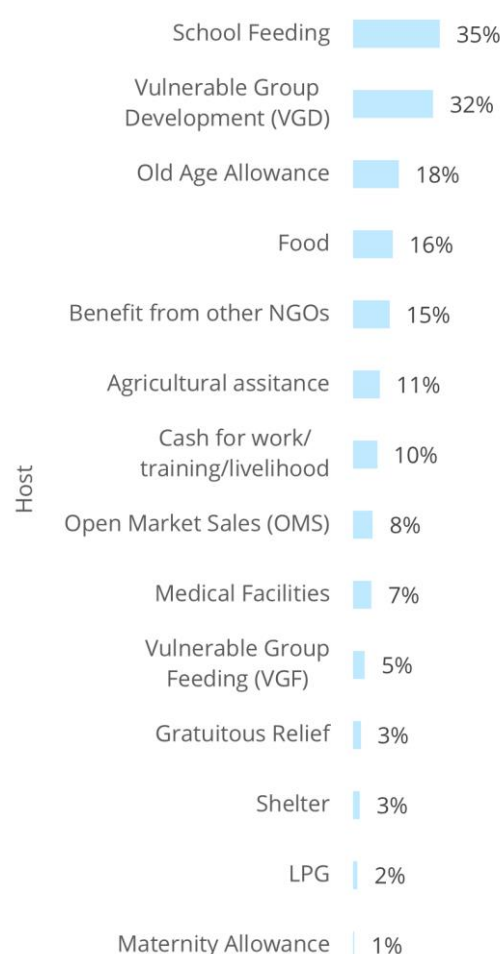
Overall, 58 percent of Bangladeshi households reported receiving assistance at least once in the previous 12 months, a 10-percentage point reduction from the prior year. Of those who received assistance, school feeding (35 percent), feeding for vulnerable groups (32 percent) and old age allowance (18 percent) were the most common assistance modalities. All Rohingya households in the camps reported receiving blanket general food distributions. the other most reported forms of humanitarian assistance received were: liquefied petroleum gas(99 percent), hygiene kits (70 percent), micronutrient fortified biscuits (52 percent) and additional US\$3 vouchers for WFP's Fresh Food Corners (30 percent).

Figure 22: Assistance received in the past 12 months by the Rohingya and Bangladeshi communities

Rohingya Community



Bangladeshi Community



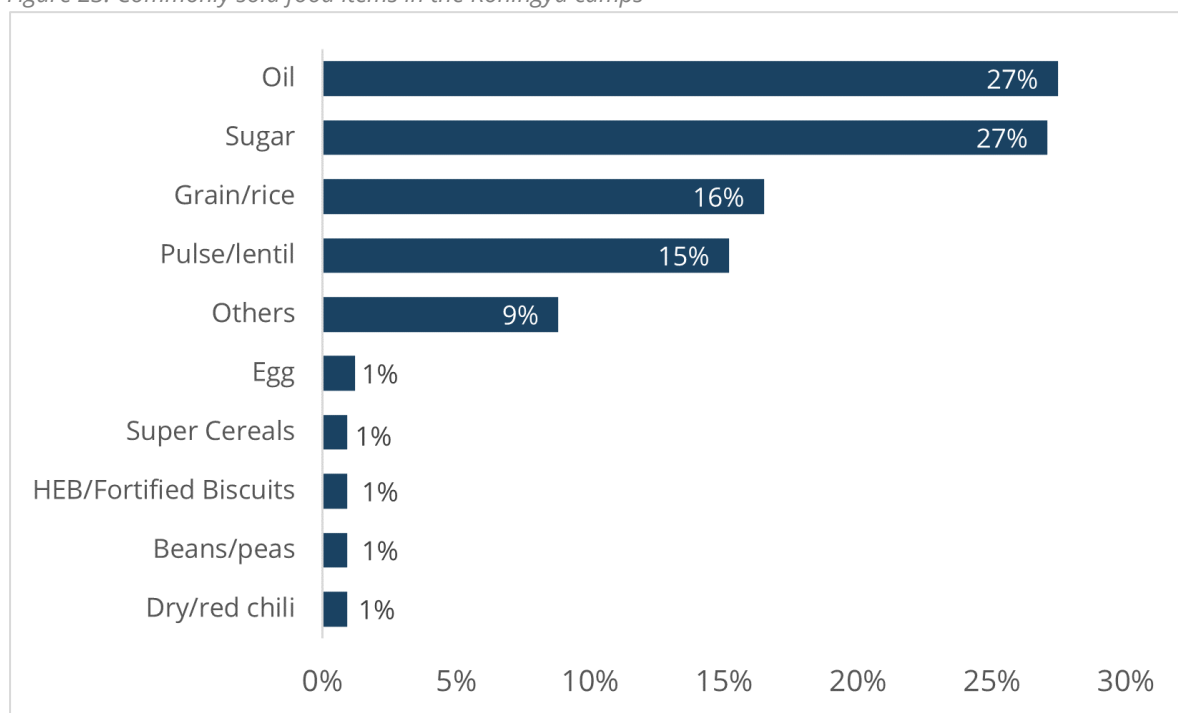
8. Food Assistance in Rohingya Camps

In 2022, 100 percent of Rohingya received monthly blanket assistance of US\$ 12 per family member for general food assistance. The most vulnerable households (some 25 percent of the population) received an additional US\$ 3 per family member to spend in the outlets, such as the elderly headed households, households with disabilities, female headed households, and child-headed households. The Rohingya continue to rely mainly on blanket food assistance to meet daily energy needs. In 2022, 37 percent of beneficiaries claimed that their food assistance lasted 28 days or more, representing a 4-percentage point decline from 2021. The majority of households (60 percent) indicated that the assistance lasted 21 to 27 days, an increase from 55 percent in 2021. Of the households reporting that assistance did not last for over 28 days, 71 percent said the ration was insufficient for their household, 6 percent of households reported sharing food with relatives outside the household, 9 percent sold their food assistance and 4 percent had new family members join their households.

9. Sale of food assistance

The selling of food assistance by Rohingya households decreased from 2021 to 2022; 23 percent of respondents in 2021 reported selling food assistance, compared to 17 percent in 2022. The most sold food items are oil (and sugar (27 percent each), rice (16 percent) and pulses/lentils (15 percent). Rohingya living in makeshift camps are more prone to selling food items (24 percent) than Registered Rohingyas (14 percent). Moreover, 41 percent of the households reported selling food to an unknown middleman in or outside the camps, while 36 percent of households sold to Rohingya neighbours and family members, indicating that food is also being moved between households within the camps. Most households (27 percent) sell their food to purchase other food items. The remaining households (4 percent) who did not sell or use their food ration reported exchanging or sharing it with friends and neighbours.

Figure 23: Commonly sold food items in the Rohingya camps

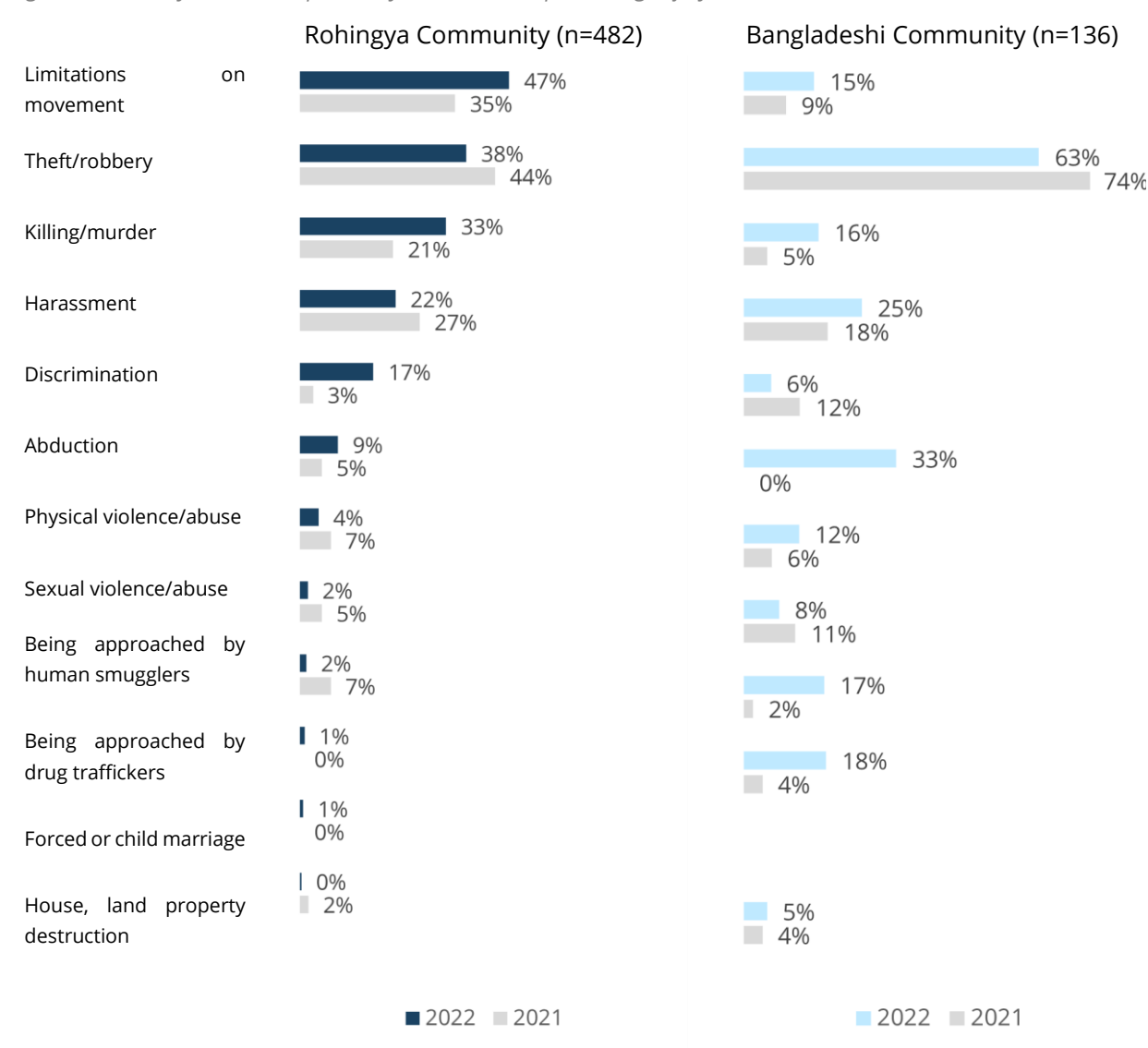


XI. Protection and Satisfaction

10. Security concerns

In both the Rohingya and Bangladeshi communities, 15 percent of households reported safety concerns that affected either freedom of movement for at least one household member or their access to food, livelihoods, or services. The most frequent security concern among Rohingya households was movement limitations, both in 2021 (35 percent) and in 2022 (growing to 47 percent). The second-most frequently reported security concerns were thefts and robberies (38 percent), which decreased by equal measure (from 44 percent in 2021). The next top concerns were about killings or murders (33 percent), and harassment (22 percent). Concerns about discrimination (17 percent) saw a large increase since the previous year (3 percent). Safety concerns were also more prevalent in the registered refugee camps compared to the unregistered camps (35 percent versus 15 percent). Protection concerns increased in 2022, potentially due to the combined economic stresses of high inflation and unemployment, increasing the tendency to engage in illegal activities to maintain a living.

Figure 24: Security concerns reported by households experiencing safety concerns (2021-2022)



In the Bangladeshi community, the reported safety concerns changed from 2021 to 2022. While the top concern remains thefts and robberies, this has decreased from 74 to 63 percent from 2021 to 2022. Worries about abduction emerged, soaring from zero in 2021 to 33 percent in 2022. Following that, the next most frequently reported safety concerns in the Bangladeshi community were harassment (growing from 18 to 25 percent from 2021-2022) and being approached by drug traffickers (18 percent in 2022, 4 percent in 2021), or by human smugglers (17 percent in 2022, 2 percent in 2021). These large jumps are possibly driven by increased acts of violence and murder compared to the previous year. Reportedly, specific groups within the Bangladeshi community, combined with high poverty rates, encourage offenses such as killing and abduction. Men are usually the victims of abduction or murder, while women are victims of harassment or physical and sexual violence. In the Bangladeshi community, the majority of people exhibited dissatisfaction with existing protection services in their community. Many people showed some concern about the lack of night guards and streetlights for their safety at night. Additionally, there has been a noticeable deterioration in the rule of law in the Bangladeshi community.

11. Health

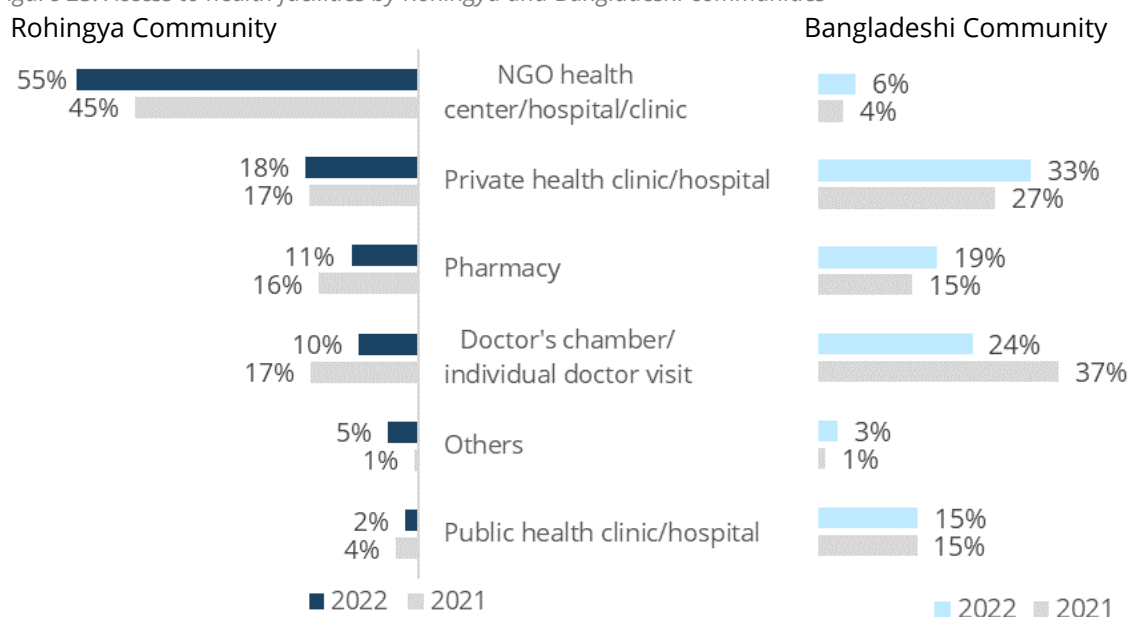
The proportion of Rohingya and Bangladeshi community households facing barriers to healthcare access was 55 percent, an increase of 7 percentage points compared to 2021. This trend was more pronounced in the registered camps, where 65 percent of households reported barriers to access, compared to 52 percent in the makeshift camps. Among Bangladeshi communities, problems accessing healthcare remained similar (60 percent) between 2021 and 2022.

The high cost of medication, the overcrowding of health facilities and the distance to healthcare centres were cited as the major problems accessing healthcare.

The number of families with at least one sick family member in the 30 days prior to the REVA-6 survey was similar to that of the previous year. However, it was much higher than that of the pre-COVID-19 period (2019), rising from 71 to 85 percent in Rohingya households and from 74 to 89 percent in the Bangladeshi community.

Most reported cases included symptoms such as general fever (72 percent in both populations); gastritis and abdominal pain (21 percent among Rohingya and 25 percent in the Bangladeshi community); and chronic diseases like high blood pressure, heart disease, diabetes (21 percent among Rohingya and 28 percent in the Bangladeshi community). Compared to 2021, COVID-19-like symptoms such as fever, shortness of breath or dry cough were 16 to 18 percentage points lower in both communities. However, reported dengue fever cases were 4 percentage points higher in Bangladeshi communities, and diarrhoea cases were 3 percentage points higher in the camps. Among those reporting other illnesses (20 percent), skin diseases were found to be particularly prevalent in the Rohingya community.

Figure 25: Access to health facilities by Rohingya and Bangladeshi communities



12. Satisfaction and well-being

Among the Rohingya, satisfaction increased for all types of services. The highest satisfaction rate was for cooking fuel at 78 percent (22 percentage point increase from 2021), followed by food assistance at 77 percent (20 percentage point increase from 2021). The high satisfaction rates for cooking fuel and food assistance were likely due to the insulating effects of WFP e-voucher assistance against high commodity inflation in external markets. The quantity, quality and price at e-voucher outlets remained largely the same from 2021 to 2022, but beneficiaries were insulated from the price volatility seen elsewhere and did not have to pay anything extra to receive the same level of assistance as before. The stability of the e-voucher shop – continued provision of high-quality items and fresh food items including fish and chicken was likely the reason for the increase in satisfaction among beneficiaries.

In the Bangladeshi communities, high dissatisfaction with safety increased to 38 percent (5 percentage point increase from 2021), and dissatisfaction with information at 53 percent (1 percentage point higher than in 2021). This former finding correlates with the data in the previous section.

Figure 26: Satisfaction with available services/assistance for Rohingya and Bangladeshi households (2021-2022)

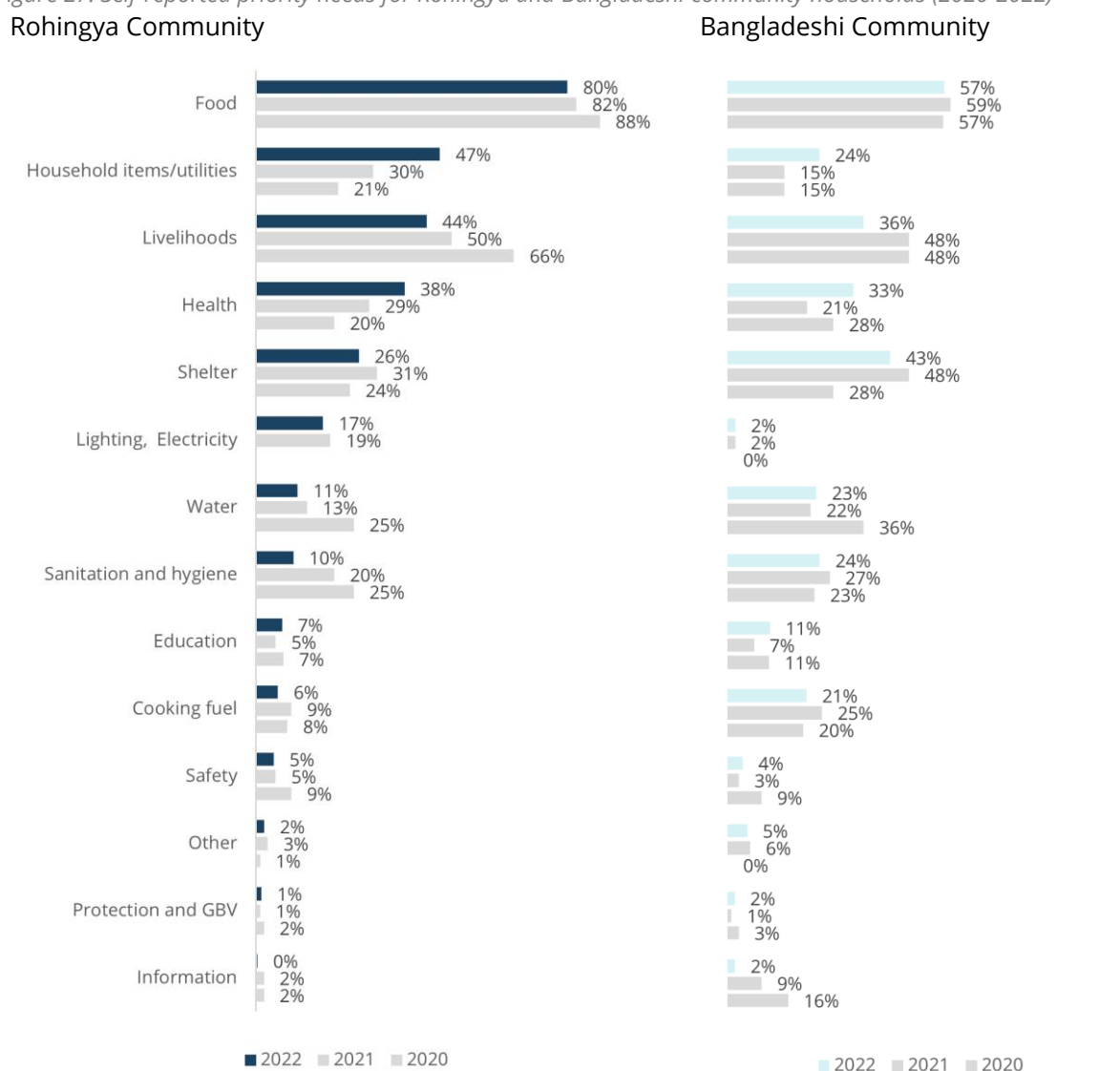


* Chart is sorted by highest rates of satisfaction among Rohingya households in 2022

13. Priority needs

Food remains the main need in Cox's Bazar (80 percent among Rohingya and 57 percent among Bangladeshis). For Rohingya households, the need for fresh foods continues to dominate food-related concerns, similar to findings in 2021. The second-ranked priority among the Rohingya was household items/utilities (47 percent), a major 17-percentage-point increase from 2021. The growth may be attributed to the many fires that happened in the camps in 2022 with many beneficiaries losing their belongings. Livelihood concerns among Rohingya households were the second most concern in 2021 (50 percent) but dropped in priority by 6 percentage points in 2022. Nevertheless, livelihood concerns remained a core concern and priority need for Rohingya households as income generation activities are extremely limited in the camps as Rohingyas are not allowed to work and thus cannot contribute to income generation for their family's needs. Among Bangladeshi households, priority needs were similar to the previous year, with shelter ranking as the second most priority (43 percent), followed by livelihoods (36 percent).

Figure 27: Self-reported priority needs for Rohingya and Bangladeshi community households (2020-2022)



XII. Recommendations

The protracted Rohingya crisis in Bangladesh is becoming more and more dire with the increasing funding crisis and inflation due to the global economic crisis. In 2023, the situation will become increasing more dire for the Rohingya as significant cuts to the monthly ration loom on the horizon, potentially wiping out any slight improvements evidenced compared to 2021, especially with the dearth of income-generating opportunities available for the population.

1. Needs-based targeting of Rohingya households and prioritization of assistance

A targeting analysis should be given utmost priority to ensure that the most vulnerable Rohingya households continue to receive life-saving assistance. With dire funding projections facing Cox's Bazar, humanitarian organisations must find ways to deliver assistance and protection services more efficiently and effectively.. There are extremely limited options available for livelihoods and self-reliance for Rohingyas, and almost all Rohingyas could be said to be vulnerable. Nonetheless, each individual and household has its own set of needs and capacities. Therefore, it is imperative to establish a comprehensive, interagency approach to develop a prioritization and targeting methodology to identify Rohingyas who are most at risk of suffering protection, nutrition, health and other impacts in the event of significant reductions in humanitarian assistance available to the Rohingya.

Recommendations:

- WFP and UNHCR should explore **harmonizing eligibility criteria for current programmes** and establish risk profiles according to Rohingya households' needs, vulnerabilities and capacities.
- **Digitization, data management and sharing should be strengthened.** Accuracy and coverage of UNHCR proGres data should be improved (e.g., improving inter-agency referral processes to UNHCR; importing data about new pregnant and breastfeeding women; importing or connecting different datasets among the humanitarian community). In addition, identification of an efficient and effective digital mechanism for data sharing linked to proGres, as well as the **tracking of assistance** between humanitarian actors are critical. This way, their vulnerability can be measured more accurately based on the provision of assistance by different agencies.
- **Review and update the beneficiary selection process for community workfare.** Moving to a vulnerability-based beneficiary selection is essential as the hybrid modality of Fresh Food Corners and targeted nutrition assistance were found to reduce high vulnerability.
- A monitoring and evaluation indicator basket should be developed to determine the impact of the prioritization and targeting exercise, and to regularly assess its effectiveness
- Establish a strategy for more integrated **community engagement, communication and complaints and feedback system**, and improve on response-wide grievance mechanisms, particularly across sectors

2. General food assistance to the Rohingya population in camps

- **Strengthen WFP's targeting analysis** to identify the most vulnerable and prepare an integrated prioritization of the selection criteria.
- **Update and revise the MEB.** As the minimum expenditure basket is the benchmark of people's needs, the e-voucher value based on the new MEB (updated from the current one developed in 2018) requires a revision to adjust to the increased prices due to high inflation.
- **Further explore the selling of food assistance** by Rohingya households to better capture the amount, and purpose of the behaviour to understand the unmet food and non-food needs.
- **Develop a composite nutritious food basket** in addition to focusing on the caloric energy basket.
- **Scale up existing programmes** that promote the consumption of nutrient-dense foods as effective ways to improve nutrition among Rohingya households (e.g., vertical vegetable gardening, livestock production).
- **Increase the availability of fortified food items rich in micronutrients**, most importantly haem iron-rich food for women in WFP's e-vouchers outlets and Fresh Food Corners, to help boost micronutrient intake.
- **Establish new nutrition messaging and social behavioural change communication (SBCC) activities** with partners in the camps and Bangladeshi communities for greater impact on improving healthy diets.

3. Self-reliance and livelihood opportunities for Rohingya population

Self-reliance activities are essential for the Rohingya as they contribute to the development of soft skills of the Rohingya population such as building social standing and confidence of women and other marginalized individuals, including those of differently abled persons and the elderly. However, self-reliance and income-generating activities ought to rely on even more rigorous targeting criteria in the Rohingya and surrounding community. Such programmes should focus more on single parents who struggle with childcare while running a household, and persons with disabilities whose participation in assistance programmes incurs a higher opportunity cost relative to able-bodied participants. A scaled-up self-reliance programme in the camps and income-generating opportunities will contribute towards reducing the high vulnerability among the Rohingya community.

4. Monitoring

A continuing process of monitoring the status of the essential need in camps and Bangladeshi communities remains crucial. As mentioned, despite the slight improvement in overall food security and vulnerability captured through the REVA-6 surveys at end-2022. The Bangladeshi community is suffering from the perils of the slow recovery of the income loss from the pandemic and the exacerbated economic crisis due to the recent global economic recession. However, with diminished coping capacity and a high dependence on humanitarian assistance and casual labour, the Rohingya community's vulnerability to future shocks will remain high. As major cuts to humanitarian assistance are foreseen and the Government restricts livelihood opportunities for the Rohingya population, close food security and vulnerability monitoring will be a critical issue.

Continued monitoring of the Rohingyas' food security and nutrition status is essential in designing appropriate programme interventions, including messaging and social behavioural strategies. Due to diminishing humanitarian assistance for the Rohingya operation, the impact of the potential ration cuts and the anticipated targeting/prioritization exercise, on the well-being of the Rohingya population should be carefully monitored to mitigate any risks of leaving most vulnerable behind.

5. Bangladeshi communities and social cohesion

Activities to strengthen the economic interlinkages with the Bangladeshi community and Rohingya population continue to be the most effective strategy to minimize social unrest and security issues. Enhancing interaction between both communities in income generating activities is essential. Continuous monitoring on social cohesion between and within the two populations is vital amid of the concerns of the increased tension in light of reduced humanitarian fundings to support to both communities.

6. Protection, gender and accountability mechanisms

The security situation in camps deteriorated in 2022. An increase in theft, robbery, murders, and harassment has arisen from people's lack of economic capacity to meet dire needs. Including community members in decision-making processes should continue or increase as necessary. Leveraging the existing community engagement systems in place, an agile community feedback and response mechanism should be developed to consolidate information from diverse feedback channels, act on the issues raised, and close feedback loops effectively.



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