

CAMP BASED NEEDS ASSESSMENT IN IOM's AoR

Rohingya Refugee Response, Cox's Bazar, Bangladesh

Data Collection: October – December 2022



Image 1: Rohingya Camp (Kutupalong-Batukhali Expansion Site) © IOM



ABOUT NPM

NPM is part of IOM's global Displacement Tracking Matrix (DTM) programming. DTM is IOM's information management system used to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process, and disseminate information to provide a better understanding of the evolving needs of displaced populations. At Cox's Bazar, NPM was first launched in early 2017 and has been a key data provider in the Rohingya humanitarian response.

Needs and Population Monitoring (NPM) unit works to support evidence-based humanitarian decision-making and prioritization by tracking needs and vulnerabilities in Cox's Bazar, among both Rohingya and the host communities. Through NPM's broad information management framework, service providers are able to access and make use of comprehensive data and analysis on the needs and vulnerabilities of affected populations, promoting more informed and nuanced humanitarian programming. NPM works closely with the Inter-Sector Coordination Group (ISCG), the Sectors, other IOM units, and various organizations, especially through designing and conducting a wide range of assessments and by providing technical mapping capacity.

DISCLAIMER

This report is part of the outputs under the Bureau of Population, Refugees, and Migration (PRM) funded project. The objective is to strengthen the evidence-based formulation and implementation of humanitarian programming for Rohingya refugees. The findings, interpretations, and conclusions expressed herein do not necessarily reflect the views of IOM, its Member States, or other donors. This publication was produced with the financial support of PRM. Its contents are the sole responsibility of IOM and do not necessarily reflect the views of the PRM.

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ACKNOWLEDGEMENTS

We would like to thank IOM's different units in Cox's Bazar for their technical advice and cooperation in developing the tool for the assessment. We would especially want to express our gratitude to the NPM field team, who gave their time and effort to support the survey with their extensive experience of working in Rohingya refugee camps.

CONTACT INFORMATION

For feedback, please contact: npmbangladesh@iom.int

The International Organization for Migration | Bangladesh Mission

Needs and Population Monitoring | Cox's Bazar

Parjatan Luxury Cottage-1, Motel Road

Cox's Bazar, Bangladesh

Tel: +88 02 5504 4811 - 13

Email: npmbangladesh@iom.int

Website: <https://bangladesh.iom.int/>

For NPM Products: <http://iom.maps.arcgis.com/>



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LIST OF ACRONYMS

| | |
|---------|---|
| BDT- | Bangladeshi Taka |
| CBNA- | Camp Based Needs Assessment |
| CiC- | Camp-in-charge |
| CFW- | Cash for Work |
| CwC- | Communication with Communities |
| DMU- | Disaster Management Unit |
| FCN- | Family Counting Number |
| HHs- | Households |
| HoHH- | Head of household |
| IOM- | International Organization for Migration |
| J-MSNA- | Joint Multi-Sector Needs Assessment |
| JRP- | Joint Response Plan |
| LPG- | Liquefied petroleum gas |
| NFI- | Non-Food Items |
| NGO- | Non-Governmental Organisation |
| NPM- | Needs and Population Monitoring |
| PRM- | Population, Refugees, and Migration |
| SD- | Site Development |
| SMSD- | Site Management and Site Development |
| SNFI- | Shelter and NFI |
| UNHCR- | United Nations High Commissioner for Refugees |
| WASH- | Water, Sanitation and Hygiene |

KEY DEFINITION

Refugee- Refugees are people who have fled war, violence, conflict, or persecution and have crossed an international border to find safety in another country.

Household- A household is a group of people who live together under the same shelter and share food from the same pot.

Majhi- Majhis are government appointed community representatives who assist in the coordination of humanitarian assistance for Rohingya refugees.



INTRODUCTION

After the Burmese military's violent assault on Rohingya Muslims in Rakhine Province began in August 2017, when thousands of Rohingya people fled their homes with severe persecution resulting in the creation of the world's largest refugee camps in Bangladesh. More than five years have passed yet; due to political complications, the repatriation process is still in a despair situation.

A few of them (29,458)¹ have been relocated to Bhasan Char, a small silt island in the Bay of Bengal; however, a high majority of the Rohingya refugee population is concentrated in overcrowded camps in Bangladesh's Cox's Bazar district's Ukhiya and Teknaf Upazilas, where they endure dire conditions due to living in crammed shelters, poor quality sanitation, inadequate health assistance with other issues. Every year when the monsoon season approaches, living in the camps becomes more difficult. Currently, fires have become commonplace in the camps.

To support the population, several humanitarian agencies are providing them with various services. Moreover, to effectively provide assistance, it is crucial to identify their met and unmet needs as well as the major service gaps. Hence, several MSNAs have previously been implemented to support the response. Most recently, in 2021, the MSNA was conducted to inform the 2022 Joint Response Plan (JRP). But, in 2022 there was no MSNA has been conducted, which indicates key information gaps and a lack of in-depth sector needs assessment.

A multisectoral needs assessment was required as each sector has its own needs assessments, which may not always be possible to analyse the data in a way that allows identifying priority needs and areas for development from a broad perspective, whereas a multi-sectoral assessment that is matched with the humanitarian program cycle and offers a strategic planning tool for evidence-based prioritizing.

In addition, the design and implementation of efficient inter-sectoral programming became more important as the crisis is gradually transitioning from the initial emergency phase to a more protracted response. Detailed information on the access difficulties, needs and priorities of all affected populations is required.

However, currently, the funding for the Rohingya people has become more challenging since the focus has now shifted to the crisis in Ukraine, and Afghanistan. Hence, with limited resources, it is really difficult to understand what support is needed most, and how to prioritize the requirement.

Therefore, the camp-based needs assessment (CBNA) has been planned and implemented throughout the camps under IOM's area of responsibilities to provide an overview of the multi-sectoral needs and priorities of the refugees to support detailed humanitarian planning of IOM's internal programs in meeting the strategic objectives of the donors.

The main objectives of the study are:

- 1) To inform evidence-based programming and operational decision-making, as well as to support strategic planning of response activities to IOM's internal programming, by providing up-to-date information on the multi-sectoral needs and service gaps of Rohingya refugees in camps under IOM's area of responsibility.
- 2) To establish a framework for a multi-stakeholder analytical process, and to understand the preferences and priorities of the households' perspectives on the distribution of assistance in 2023.

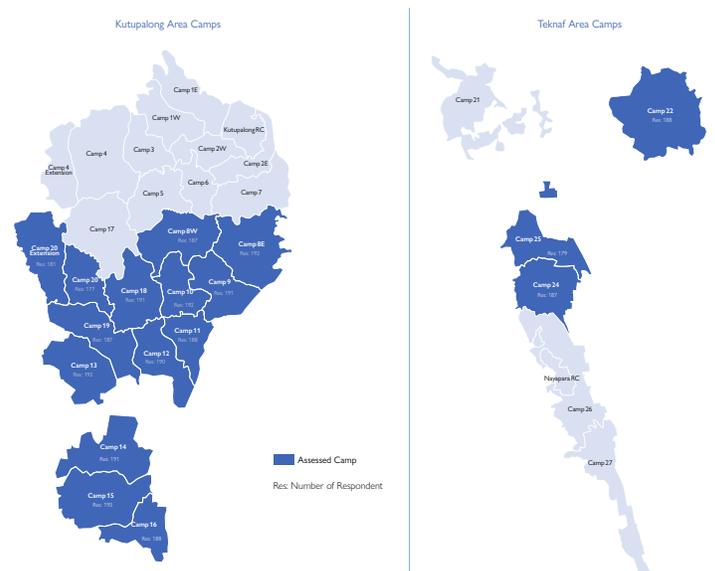
RESEARCH METHOD AND SAMPLING

A simple random sampling approach was adopted for this assessment to provide results generalizable at the camp level with a 95% confidence level and a 7% margin of error. To achieve representativeness at the camp level, the population count conducted by RRRC and UNHCR was used to create samples for each camp. Overall, 3194 surveys were administered at the household level in 17 camps. Target sample sizes were based on the most recent population figures available from UNHCR.

The assessment adopted a quantitative data collection approach. Data collection took place between October-December 2022 and it was conducted by NPM enumerators.

As mentioned above, the assessment consisted of a simple random sampling, with the aim that every shelter in the 17 IOM camps in Ukhiya and Teknaf have an equal chance to get selected for the survey.

Map 1: Assessed Camps



¹<https://data.unhcr.org/en/documents/details/99389>



TOOL DEVELOPMENT & DATA COLLECTION

The quantitative questionnaire was finalized based on feedback from various IOM units, including WASH, Protection, Health, Shelter/NFI, SMSD, and Social Cohesion. When the tool was finalized, it was translated into Bengali so that the enumerators could easily understand it. Additionally, the tool was changed to support the collection of digital data in a supported format. The Kobo collect platform was used to collect the data. Enumerators underwent two days of training prior to the start of data collection. The assessment's goals and questionnaire were thoroughly discussed with the enumerators, and then a practical field test and pilot were conducted. Following the completion of the data collection, NPM organized a lesson-learned meeting with the enumerators to improve the assessment's next phase. **The primary research questions included in the assessment are as follows:**

- What are the needs and service gaps within IOM-led refugee camps?
- What are the immediate and structural factors associated with these needs?
- What are the main difficulties faced accessing different services in 2022?
- What behaviours and coping strategies are households undertaking to meet their needs and what factors influence these behaviours?
- What are households' perspectives on aid delivery, as well as their preferences, and priorities about aid delivery for 2023?

DATA PROCESSING AND ANALYSIS

NPM database unit was responsible for data cleaning such as checking daily inconsistencies, outliers, and translations as well as recoding of other options. Changes were made after consultation of issues with the operations team and enumerators conducting the surveys.

All personal identifiers in the surveys were removed due to the sensitive nature of the data. NPM also developed the data analysis plan and executed analysis for the assessment.

Statistical Note:

When the asterisk symbol (*) appears above a graph/table, it means that a single respondent was allowed to provide more than one answer. In such cases, percentages are calculated based on the total number of responses (not the total of respondents) so that totals add up to 100 percent.

ETHICAL CONSIDERATION

Respondents were informed of their right to decline participation, refuse to answer certain questions, and end the interview whenever they wished. At the beginning of each interview, informed consent was sought and obtained.

In addition, all enumerators working with NPM previously received training on Protection from Sexual Exploitation and Abuse (PSEA), Counter-Trafficking, and Protection (both GBV and Child Protection), Immediate Use of First Aid, Code of Conduct, etc.

LIMITATIONS

Not including Host Community in the Study: The study did not include the host community.

Assessed Camps: The assessment was only conducted in IOM camps.

Sampling Frame: Results can be considered representative of the population included in the sample frame because the sampling frame did not comprise the entire camp population. The sampling frame represents the camp population as a whole.

Not Covered Food and Education Sectors: Food and education sectors weren't included as IOM doesn't have programmes on them.

Not Providing In-depth Analysis: It does not cover an in-depth explanation of complex issues since no qualitative data was collected.

Gender Representation: There was a small gender gap between males (52%) and females (48%) respondents due to the insufficient number of female enumerators on the team, hence a 50:50 ratio could not be achieved.

Respondent Bias: Certain indicators may be under-reported or over-reported due to respondent bias particularly protection indicators might be underreported because of their relatively sensitive nature. Indicators were based on respondents' perceptions and may not directly reflect the exact realities of service provision. Thus, it is necessary to take these biases into consideration while interpreting the data.

Limitation of Household Level Survey: Data has been collected based on the perception of the respondents on behalf of each HH member and might not reflect the exact perception of each member of the HH.



KEY HIGHLIGHTS



EMPLOYMENT

- A large number of households (71%) were found to have someone in their household involved in any kind of earning opportunities, mostly engaged with daily labour.
- Almost one-third of the households (31%) had someone in their household who received skill development training, among them home gardening was the most common, and households who didn't receive any training asked for training in sewing or tailoring followed by business and masonry.
- Households that had an earning member, among them most reported average monthly income was between 3001 to 5000 BDT (29%), and on the other side more than one-third of the respondents (34%) mentioned their monthly expenses between 3001-5000 BDT, while also significant proportion of respondents (36%) stated that they spend more than 5,000 BDT every month.



PRIORITY NEEDS

- Findings demonstrated that food was mentioned as a 'very important' (88%) priority need for 2023. Access to income-generating activities, cooking fuel, and improvements to camp infrastructure appear to be other core priorities. In addition, shelter upgradation, access to health services were also found as essential priority needs.
- Vouchers and in-kind assistance were the most reported preferred methods to receive assistance for food, shelter, HHs kits or cooking items, and cooking fuels.



SHELTER AND NFI

- According to the CBNA findings, the majority of the households (63%) reported having issues with their shelters, with leakage during rain (43%) being the most common problem. The majority of shelter-related problems mostly happened due to roof damage.
- The vast majority of the households (80%) required to make upgrades to their shelter, primarily the replacement of tarpaulins. Most of the households who didn't repair their shelter mentioned they didn't receive shelter materials from humanitarian organizations (47%).
- A very few households (9%) reportedly having had to make rent payments with having camps 24 and 25 high proportion.
- A large proportion of households (74%) reportedly having had sufficient NFIs. Despite the fact that LPG had been received by all surveyed households, however, it was mentioned by almost half of the respondents (47%) that it ran out before the next distribution.



SITE MANAGEMENT & SITE DEVELOPMENT

- Movement challenges were mentioned for a different group of people, particularly the proportion was high for children (26%). The main challenge was mentioned as walking through blocked, damaged, or slippery pathways, whereas other challenges were walking on steep pathways, and lack of lighting.
- A high majority of the respondents (72%) reported they were unaware of the reasons why certain projects are chosen over others. Almost half of the respondents (46%) reported they do not comprehend why SD uses different materials in different locations.
- Installation of solar streetlights (32%) was the most urgent project that was highly asked to be done by SD mentioned by many respondents.
- Majority of the households (100%) were found to be aware of the 'Disaster Management Volunteers (DMUs)' (100%) and 'Women Participation Program' (93%), however, few households (26%) did not have information about 'Cash for Work Opportunities'.
- Remarkably almost half of the respondents (44%) reported their reluctance to clean the drain, while a very few respondents reported they would participate as CFW (10%), and almost half of the other respondents (44%) said they would be willing to do it so that SD could concentrate on other projects.



HEALTH

- A high majority of the household (91%) had members with illness or health issue in the three months before the data collection and fever and skin diseases were the most reported health conditions.
- The majority of respondents (70%) reported that using a regular means of transportation, it takes 5 to 15 minutes for anyone from their home to reach the closest functional health facility.
- A large number of sick members (59%) were children aged between 0-17 years old who needed health care. Many households (64%) sought treatment in NGO clinics or hospitals.
- The most commonly reported access barrier was inaccessibility to particular medicine and treatment (31%). Inability to get proper medication, overcrowding, and prolonged waiting time at health facilities were also mentioned.
- Almost half of all surveyed households (47%) paid for medical care.



WASH

- Findings demonstrated that the majority of the people had access to enough water for drinking, cooking, and personal hygiene and a very few respondents (11%) reported not having enough water for drinking, most of them were found in camps 22 and 8w.
- The main source of drinking water was tap stand (56%). The quality of the drinking and cooking water was likewise not determined to be a problem.
- Many households reported males (33%) and females (41%) having challenges with accessing latrines and facing some common issues such as not having enough latrines/long waiting times/overcrowding, inadequate lighting both inside and outside latrines, and distance to latrines.
- The majority of the households reported males (97%) and females (96%) in their HHs having no issues with accessing bathing facilities.
- One-third of female respondents (32%) stated it was difficult to get menstrual hygiene supplies.

PROTECTION

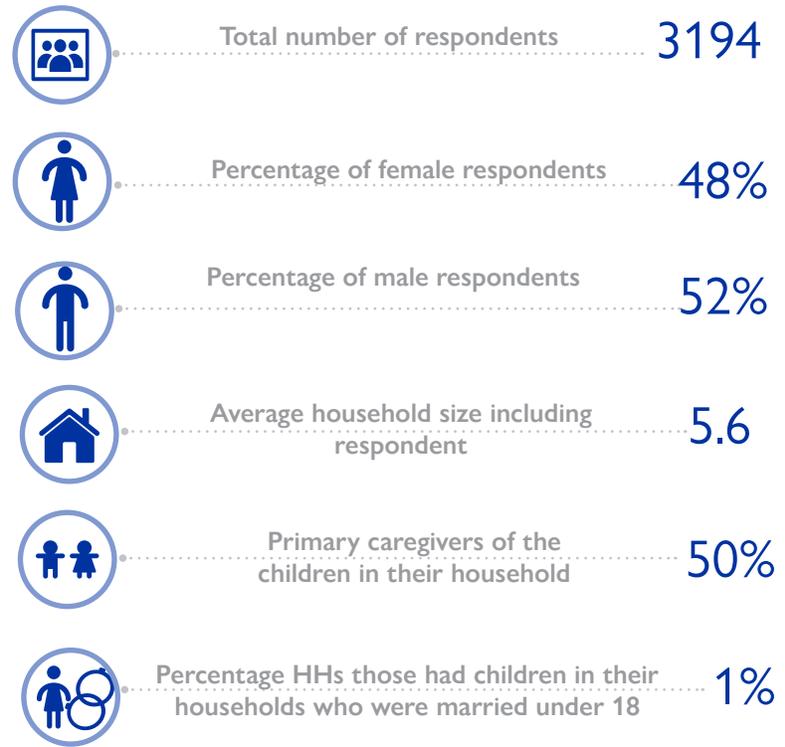
- In general, almost half of the respondents (42%) believed the situation with regard to safety and security had improved, however, still many (39%) said they had not noticed any change and only a small number of respondents (16%) said it had become worse, with camp 24 having the highest number of cases, followed by camp 8w.
- There were some common areas considered not secure for both males and females such as social or community areas, nearby forests or open spaces and markets, etc.
- One in five households (20%) reported an increase in child labor in their areas in the past 12 months prior to data collection. Camp 24 had the highest number of cases of child labor, followed by camps 16 and 18. Street selling was the most prevalent type of work observed.
- Education (34%) was identified as the most important unmet need for children, followed by psychosocial support.

CWC

- The survey revealed that most people (97%) had sufficient access to information, particularly information about food aid, sanitation, and health services.
- Compared to information on other assistances the proportion of receiving information on site management and site development (7%), and protection (7%) was quite low.

DEMOGRAPHIC PROFILE

Most of the household members who took part in the survey were male (52%). In terms of household composition, a higher proportion of the respondents (92%) was between the ages of 18-60, while only 8% of respondents over 60 participated in the survey on behalf of their household. The average household consisted of 5.6 persons per household.

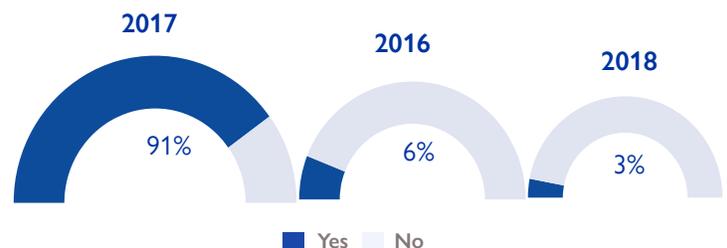


Graph 1: Respondents by Age Group



Majority of the surveyed households (91%) arrived in Bangladesh in 2017 when the major influx took place, 6% came in 2016 and 3% in 2018.

Graph 2: Household Arrival by Year





EMPLOYMENT

71%

Percentage of households reported that they have someone in their households involved in any income generation activities

Yes

No

71% of respondents had someone in their household involved in any income activities in the past 12 months prior to the assessment and 29% of households were found with no person engaged in income activities. The proportion of the households with any income person in the family was highest for camp 19 (78%) and lowest in camp 8w (66%) respectively.

The top three most common work sectors in which different households in the assessed areas engaged were found under other options (52%) that included daily labour (39%) following NGO job (25%), cash for work (17%). In addition, when respondents were asked about their main income source, among 4349 responses 36% of them referred depending on humanitarian aid, 21% of responses mentioned other options that comprised NGO job and CFW mainly and it is followed by small business.

Receiving of Skill Development Training:

31% of households had someone in their households who received skills development training, compared to 69% who didn't. Among the HHs who received training, 92% of them mentioned about 1 member of those households received training. The percentage of respondents who indicated they had someone in their households who received the training varied slightly throughout the different camps, with camp 15 having the highest rate (51%) and camp 11 and 12 having the lowest (20%) number of households with someone working. The top three

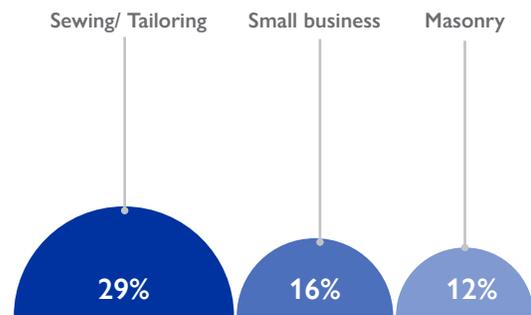
Monthly Income and Expenditure:

In households with a working individual, 29% of respondents reported having an average monthly income between 3001 and 5000 BDT, while 21% claimed to have an income between 5001 and 7500 BDT. Almost one-third of the respondents said they had no source of income. On the other hand, more than 34% of respondents stated that their household's monthly expenses ranged from 3001 to 5000 BDT, and 22% cited between 5001 and 7,500 BDT.

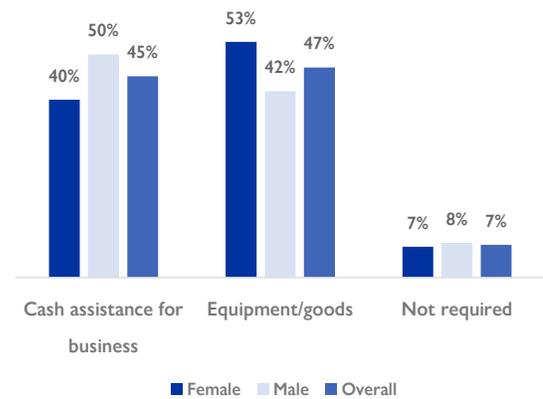
received skill training were related to home gardening (47%), road repairs (14%) and sewing/tailoring (11%).

The majority of the households that had not gotten any skill training expressed interest in learning sewing or tailoring (29%), followed by small businesses (16%) and masonry (12%). The top market/ business opportunity of the desired skills training within the camp was found in 69% of responses, followed by in camp and outside the camp (11%), while 10% responses referred there is no opportunity.

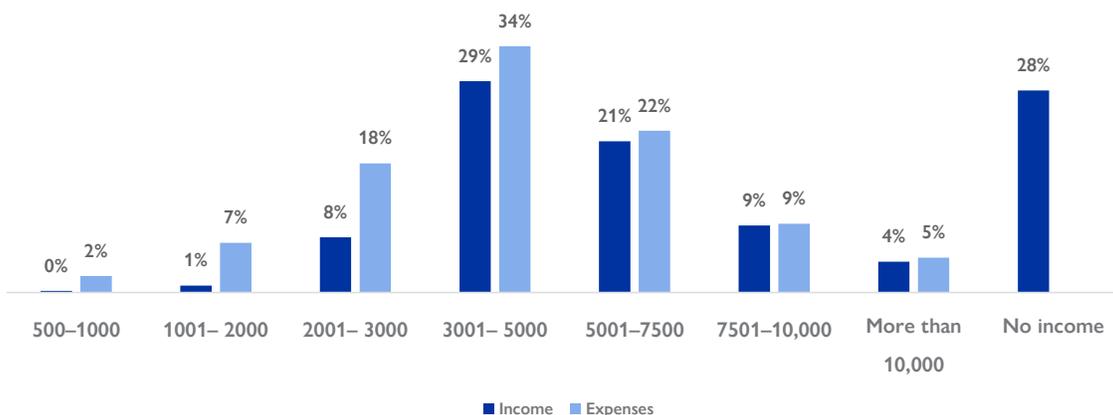
Graph 3: Required Skills Development Training Top 3*



Graph 4: Type of Assistance Required for Income



Graph 5: Monthly Income vs Expenditure (BDT)





PRIORITY NEEDS

The top priority needs reported by households were food (88%), access to income-generating activities (72%), cooking fuel (69%), and improvements to infrastructure (67%). A high majority of the respondents (88%) mentioned food as a 'very important' priority need for 2023. Trends survey round 4 report² showed that many respondents highlighted insufficient food assistance and the rising price of food items although all respondents had access to food assistance. Significantly, access to income-generating activities was stated as a 'very important' priority by 72% of households corresponding to the 2nd most reported need after food.

Generally, male respondents were significantly more likely than female respondents to report access to income-generation activities, access to health services, and access to conditional work ranking them as a 'very important'.

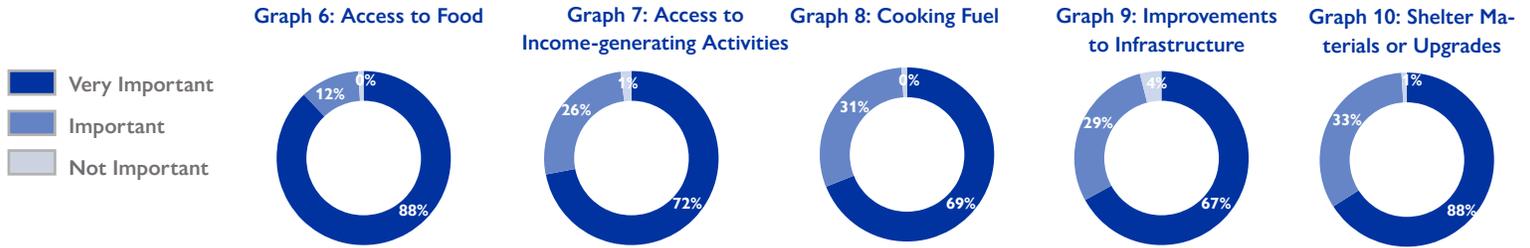


Table 1: Percentage of Households Reporting Priority Needs for 2023

| Ranking | List of Different Services | Very Important | Important | Not important |
|---------|---|----------------|-----------|---------------|
| 1 | Access to food | 88% | 12% | 0% |
| 2 | Access to income-generating activities/employment | 72% | 26% | 1% |
| 3 | Cooking fuel | 69% | 31% | 0% |
| 4 | Improvements to camp infrastructure (e.g. pathways, stairways, bridges, drainage, slopes, outside lighting) | 67% | 29% | 4% |
| 5 | Shelter materials/upgrades | 66% | 33% | 1% |
| 6 | Access to health services and/or medicine | 66% | 34% | 0% |
| 7 | Access to education for children | 64% | 28% | 8% |
| 8 | Electricity/solar lamps/batteries | 62% | 37% | 1% |
| 9 | Household/cooking items | 53% | 46% | 1% |
| 10 | Access to hygiene items | 48% | 51% | 0% |
| 11 | Access to safe and functional latrines | 47% | 47% | 6% |
| 12 | Access to clean drinking water | 38% | 59% | 4% |
| 13 | Clothing | 34% | 65% | 1% |
| 14 | Access to protection services | 33% | 66% | 1% |
| 15 | Registration services/documentation | 28% | 53% | 19% |
| 16 | Support with providing feedback on relief items or services received | 27% | 71% | 1% |
| 17 | Access to conditional cash (cash for work) | 27% | 71% | 1% |
| 18 | Access to information | 23% | 76% | 1% |
| 19 | Access to essential nutrition services (for children, PLW) | 15% | 57% | 28% |
| 20 | Increased/change in community representation | 7% | 51% | 42% |

²<https://reliefweb.int/report/bangladesh/rohingya-hobor-constricted-movement-and-limited-livelihoods-edition-4-mid-february-mid-july-2022>



Preferred Method of Receiving Assistance:

Respondents who mentioned food as a ‘very important’ priority need for them receiving through vouchers was the most reported preferred method for collecting food (40%) followed by in-kind assistance (38%). A little gender difference was found between females and males reporting on the preferred method for food assistance. 46% of the females reported that they would prefer receiving food through in-kind assistance, and the same was reported by 30% of the males. On the other side, 36% of the females mentioned preferring vouchers but the percentage was a little higher for males (44%).

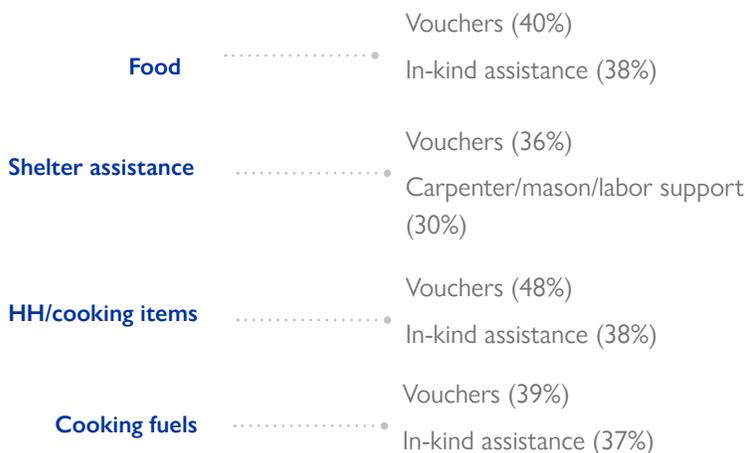
The most frequently cited preferred way for obtaining shelter assistance was receiving through vouchers for materials found in 36% of responses followed by carpenter/mason/labor support (30%) and in-kind materials (13%). The preferred method was asked who stated shelter assistance as a ‘very important’ priority need. There were no major differences between females and males who reported different methods for receiving shelter assistance.

Respondents who indicated hygiene items as a ‘very important’ priority need was asked which 3 hygiene items their household need the most and majority replied laundry powder/laundry soap for clothes that was referred in 21% of responses. The next two most essential hygiene items were bathing soap (15%) and water containers for drinking water (storage or collection- 14%) found among 9569 responses.

Vouchers and in-kind assistance were highlighted by the greatest percentage of respondents respectively 48% and 38% as ways to receive household/cooking items. Moreover, blankets (28%), mosquito nets (22%), and mattresses or sleeping mats (19%) were the top three household items listed by respondents as being most needed. The highest percentage of respondents, 39% and 37%, respectively, mentioned vouchers and in-kind help as methods of receiving cooking fuels.

Respondents who indicated clothing as a ‘very important’ priority need was asked which 3 types of clothing their household need the most, majority of the respondents reported winter clothing for children (26%) and winter clothing for adults (26%).

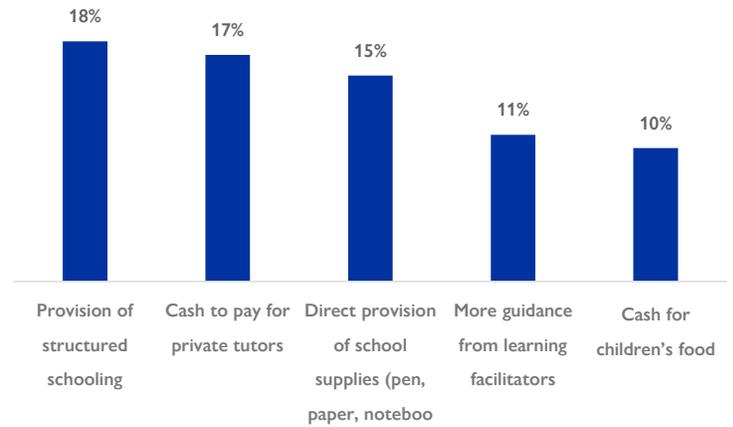
Top 2 Preferred Methods to Receive Different Assistance:



Education as a ‘Very Important’ Priority Need for Children:

Respondents who identified education as a ‘very important’ priority need for their children reported the provision of structured schooling (18%) as the top education support needed for home-based learning which is followed by cash to pay for private tutors (17%) and direct provision of school supplies (15%) found among 7676 responses.

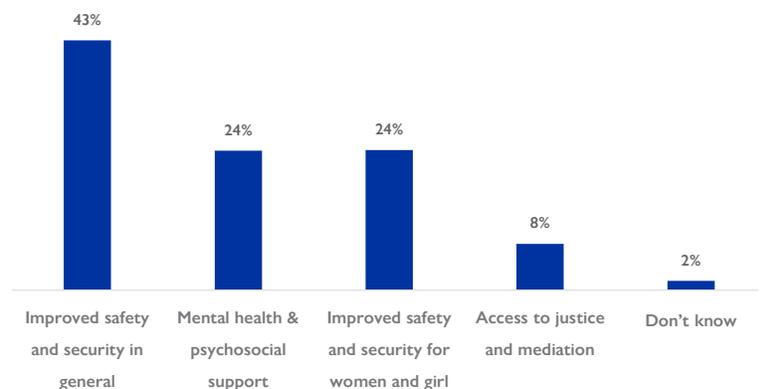
Graph 11: Type of Education Support Needed Most for Home-based Learning*



Access to Protection Services as a ‘Very Important’ Priority Need:

Almost half of the responses referred that the necessity of improving safety and security in general when respondents were asked the type of protection services or support they needed who selected access to protection services as ‘very important’, 24% of responses mentioned improved safety and security in general for women and girls and mental health and psychological support found in 24% of responses.

Graph 12: Type of Protection Services or Support Needed Most*



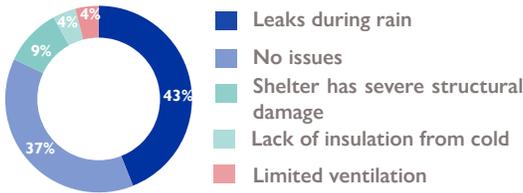


SHELTER AND NFI

Shelter Issues:

Leakage during the rain was the most reported shelter condition at the time of the data collection period, representing 43 per cent of the responses, while 9% of the responses referred that HHs reported their shelters having structural damage that made them unsafe to live in, despite the fact that they were still residing there. However, it was observed that 37 per cent of responses referred to 'no issues with shelter condition'. Moreover, limited ventilation (4%) and lack of insulation (4%) were also two substantial shelter conditions reported. Males and females who reported experiencing shelter issues or no problems did not significantly differ from one another. Camps 10, 11, 19 and 25 had a higher proportion of responses compared to other camps reporting leakage caused by the rain.

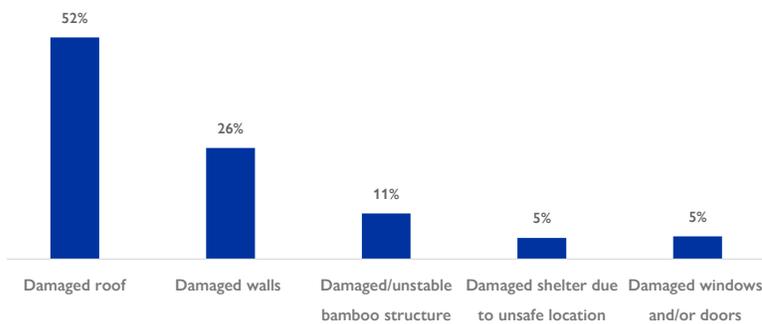
Graph 13: Shelter Conditions Top 5*



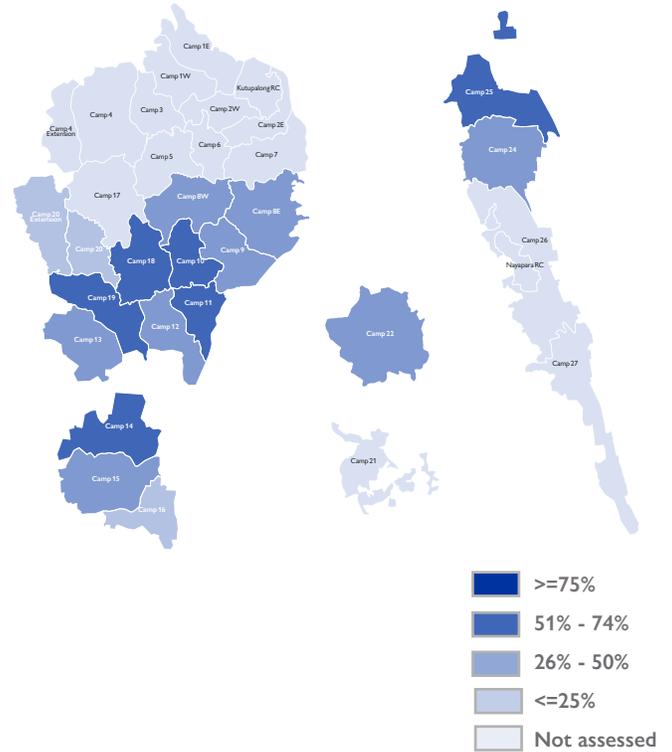
Many respondents mentioned multiple shelter-related problems and cited damage to the roof as the primary cause of various shelter difficulties found in 52 per cent of the responses, while 26% of the responses noted damage to the walls, and 11 per cent of responses mentioned damaged or unstable bamboo structures.

A Shelter Standard Assessment³ conducted last year found many assessed shelters did not meet the minimum standards for rain protection through the roof and walls. A higher percentage of respondents particularly, in camp 20 were found reporting that rainwater enters their shelters through the roof and wall covering in the same report.

Graph 14: Shelter Conditions-Main Reasons Top 5*



Map 2: Most Reported Shelter Condition (Leaks During Rain) | By Camp



100%

households reported they were currently staying in their own shelter.



Image 2: The Photo was Taken During Heavy Raining in the Rohingya Refugee Camp

³<https://www.humanitarianresponse.info/en/operations/bangladesh/document/shelter-performance-standard-assessment-2022>

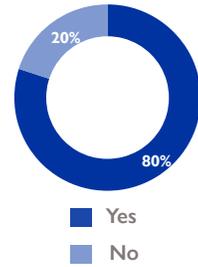


Shelter Improvement:

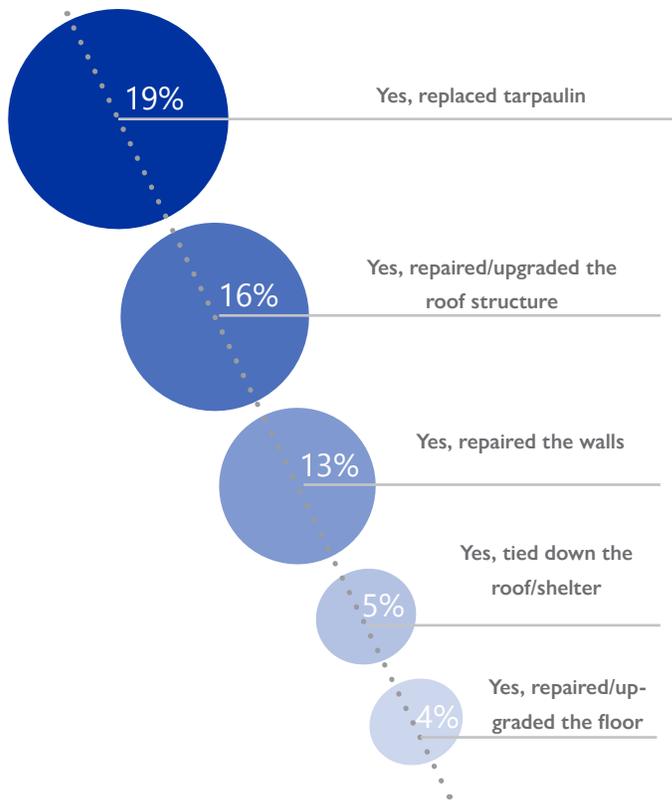
Eighty per cent of responses (80%) indicated that households made different types of improvements to their shelter in the past 12 months prior to data collection while only 20% didn't.

The top improvements mentioned by the respondents are tarpaulin replacement (19%) followed by repairing or upgrading roof structure (16%) and repairing walls (13%).

Graph 15: Shelter Improvements in the last 12 Months



Graph 16: Type of Shelter Improvements | Top 5*



The main reasons given by respondents who did not make any changes to their shelter were not obtaining any shelter support from a humanitarian organization, as stated in 47 per cent of responses, and respondents did not have money to pay for materials or labour found in 36 per cent of the responses.

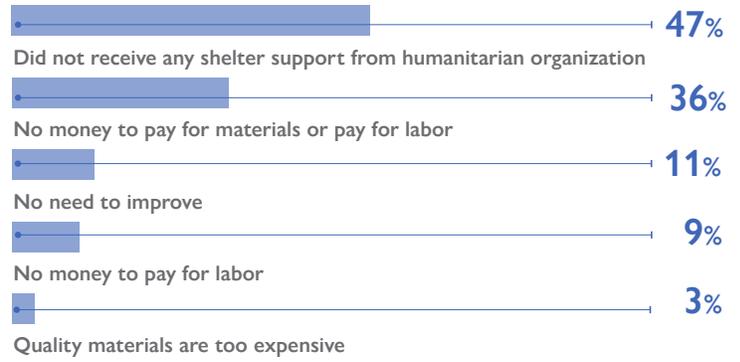
Trends survey round 4 report⁴ also revealed that respondents mentioned shelter repair kits had not been provided for a long time and some materials needed to be purchased from the market. Only 11% of responses, however, indicated that improving the shelter wasn't necessary.

⁴<https://reliefweb.int/report/bangladesh/rohingya-hobor-constricted-movement-and-limited-livelihoods-edition-4-mid-february-mid-july-2022>

⁵Landlords are from host communities since a proportion of refugees continue to live with host communities or on the host community lands.

⁶<https://www.humanitarianresponse.info/en/operations/bangladesh/document/shelter-performance-standard-assessment-2022>

Graph 17: Main Reason for Not Improving Shelter | Top 5*



When respondents were asked how they obtained the materials to upgrade their shelter, the majority of the surveyed participants mentioned they repaired their shelter using the materials provided by the humanitarian organization observed in 58% of the responses, 37% of responses referred that households purchased themselves and 5% responses indicated reusing of existing materials.

Graph 18: Sources of Materials for Improving Shelters*



Payment to Live in Current Shelter:

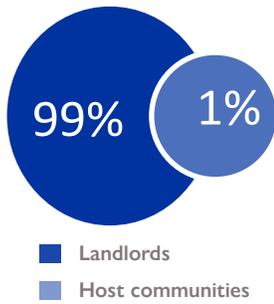
In 90 per cent of responses where respondents reported they didn't need to pay or provide anything (goods/labour) to live in their current shelter, while 9% did. Out of them, 99 per cent paid landlords⁵ and 1% to host communities. Most of these payments took place in camps in the Teknaf area, particularly camp 25 had a high number of responses (60%) that referred to respondents who paid cash payments. Camp 12 had a high number of responses (66%) that mentioned respondents paid rent through goods. The same findings were also reflected in the shelter standard assessment report⁶ with camp 25 having the largest percentage of households reporting paying rent in cash and camp 12 having the highest percentage of households reporting paying rent through goods.

Graph 19: Paying Goods or Providing Labour to Live in the Shelter*

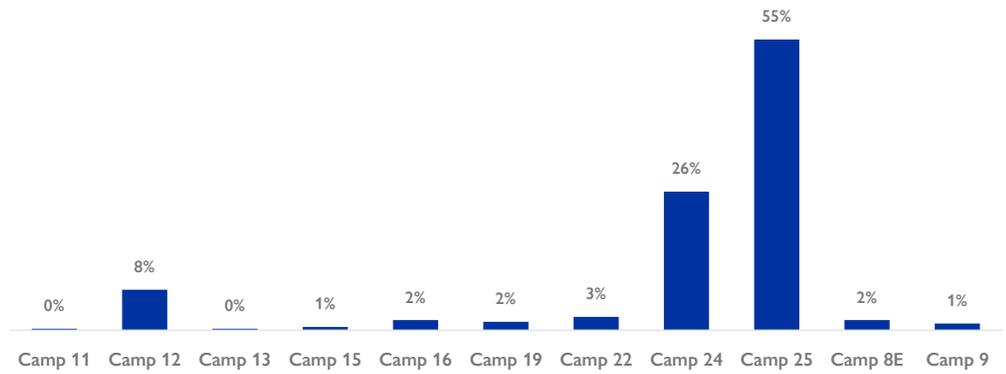




Graph 20: To whom you have paid or provided?



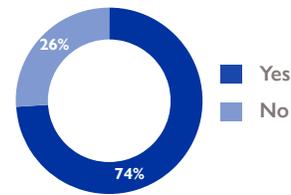
Graph 21: Paid or Provided to Landlords | By Camps



Access to Non-food Items (NFIs):

Overall, a large number of respondents (74%) reported they currently had access to enough NFIs, while 26% didn't. Camp 16 had the highest proportion (82%) who reported having sufficient NFIs in their shelter currently whereas camp 13 had the lowest. Most commonly, households reported having had access to NFIs like clothing kitchen sets, shoes, and comparatively solar lamps, fans, bedding items, and mosquito nets were less common.

Graph 22: Household Access to NFIs



Graph 23: Household Access to Sufficient NFIs | By Camps*

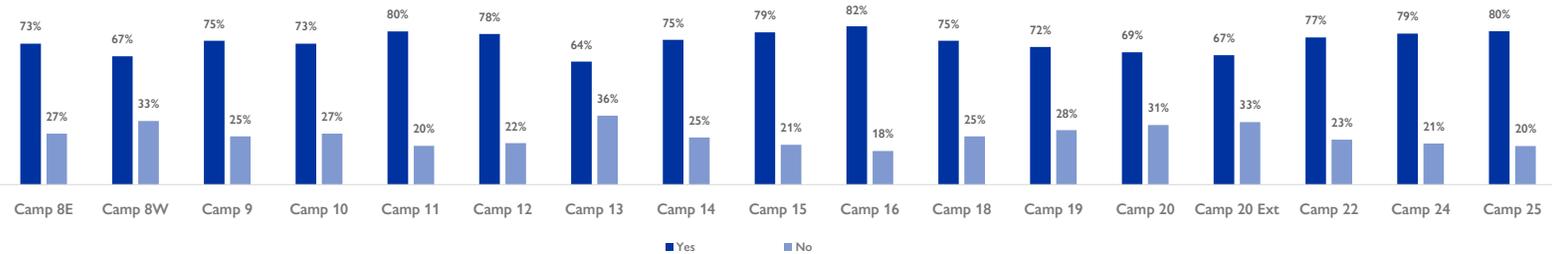
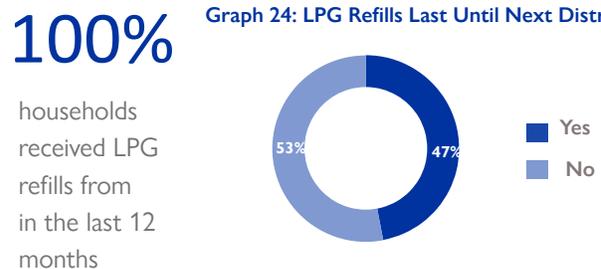


Image 3: NFI Distribution in Camp 22 During November-December 2022

Overall all respondents (100%) reported their households received LPG refills from humanitarian actors in the last 12 months prior to data collection.

Whatever, out of them almost half of the respondents (47%) reported those refills did not last until the next distribution most of the time which was also shown in the trends survey round 4 report⁷ where it was found that although all respondents accessed liquefied petroleum gas (LPG) assistance but the time between cylinder refills was longer, and families ended up running out of LPG before the next refill opportunity. When asked how many days respondents ran out of LPG before the next refill more than half of the respondents (51%) said 5-7 days, 37% mentioned 1-4 days, and 10% reported 8-10 days.

Graph 24: LPG Refills Last Until Next Distribution



⁷<https://reliefweb.int/report/bangladesh/rohingya-hobor-constricted-movement-and-limited-livelihoods-edition-4-mid-february-mid-july-2022>

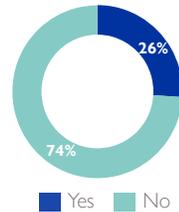


SITE MANAGEMENT & SITE DEVELOPMENT

Movement Challenges:

26% all surveyed households stated that children in their area had difficulties moving around the camps during the data collection period, compared to 74% who didn't. Out of the respondents who said yes, of those, the proportion was higher in camp 18 (40%), followed by camp 14 (38%) and camp 8w (37%).

Graph 25: Challenges Faced by Children



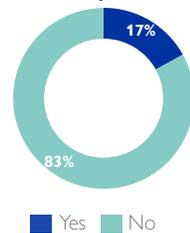
27% of responses suggested children facing obstacles while walking on blocked, damaged, or slippery pathways as the main challenge, whereas other challenges were walking on steep pathways (26%) and roads as well as hilly paths not enclosed by fencing to prevent falling (19%).

Graph 26: Type of Challenges Faced by Children | Top 4*



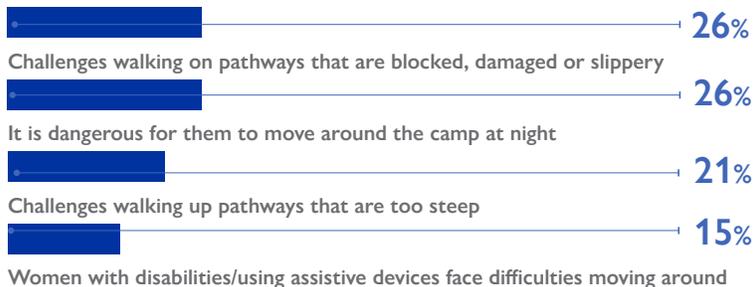
17% of all surveyed households reported that women in their area had movement challenges around the camps, while 83% didn't. Of respondents who said yes, the proportion was higher in camp 14 (29%) followed by camp 8w (28%) and camp 18 (25%).

Graph 27: Challenges Faced by Women



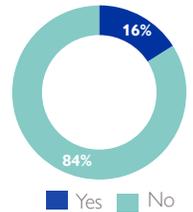
26 per cent of responses referred that moving around the camp during the day is risky for women due to security concerns as the main challenge. 26 per cent of responses referred to difficulties walking on slopy pathways and 21% of responses mentioned challenges walking on pathways that are blocked, damaged, or slippery (21%).

Graph 28: Type of Challenges Faced by Women | Top 4*



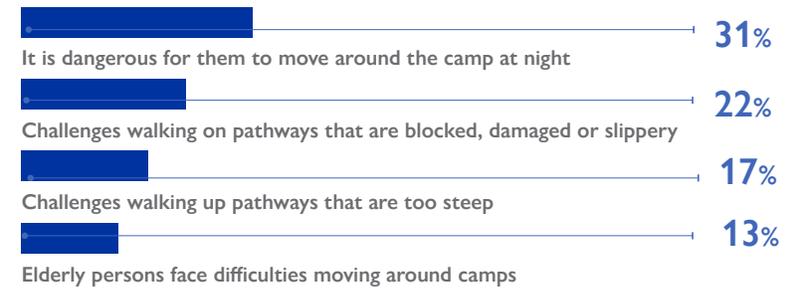
16% of all surveyed households reported that men in their area had trouble moving around the camps, while 84% didn't. Of respondents who said yes, the highest number of respondents were in camp 24 (27%) followed by camp 14 (25%) and camp 18 (24%).

Graph 29: Challenges Faced by Men



The main challenge indicated in the 26% per cent responses was moving around the camp at night poses men at risk (31%), and other challenges were difficulties walking up pathways that are too steep (17%), and challenges walking on pathways that are blocked, damaged or slippery (22%).

Graph 30: Type of Challenges Faced by Men | Top 4*



Awareness of SMSD Activities:

100% of respondents were aware that 'Disaster Management Volunteers (DMUs)' act as first responders in camps. 25% of responses indicated people rely on DMU to get information about cyclones' signal flags, followed by covid awareness and messaging (23%) and information on fire safety as well as fire points (19%).

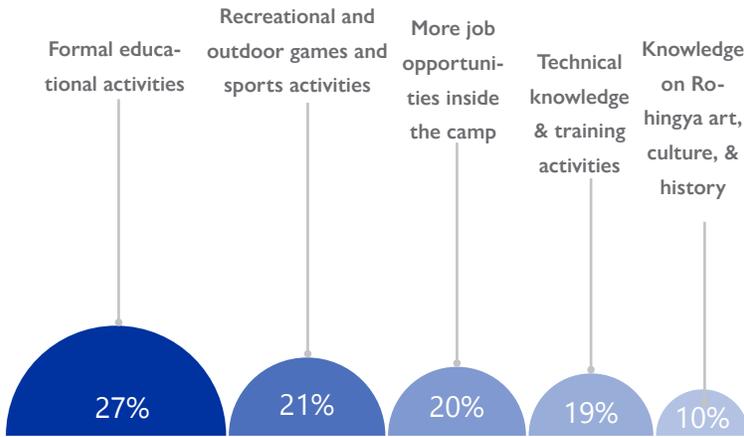
68% of respondents reported they had information about 'Cash for Work Opportunities (CFW)' in the camps, 26% mentioned they hadn't, and 5% said don't know. When respondents who had access to the information were asked about the main challenges to avail of the opportunities, 30% of responses indicated respondents had shown their interest in work but never received the offer. In addition, it was found in 21% of female responses that women are not allowed to work outside the house. However, 48% of responses referred that they worked before or are presently employed under cash for work opportunities.

93% of the respondents reported that women in their community are aware of the women leaders under the 'Women Participation Program'. Out of them, 98% of respondents informed women feel comfortable speaking and sharing their issues.



64% of respondents informed 'Youth in their community have adequate programs' for them, while 24% didn't, and 12% said don't know. Respondents who reported youth do not have enough programs mentioned the necessity of formal educational activities found in 27% of responses followed by recreational and outdoor games and sports activities (21%), and more job opportunities inside the camp (20%), and technical knowledge & training activities (19%), and knowledge on Rohingya art, culture, & history (10%).

Graph 31: Youth-Oriented Activities Requirements in the Community



Expected Activity by SMSD:

Installation of solar streetlights was the most reported expected project mentioned in 32% of responses when respondents were asked to select one project to be done by Site Development (SD) in their sub-block or Majhi section that would be the most urgent and benefit most people.

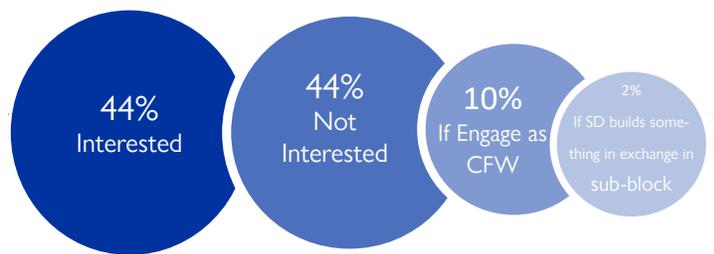
Participants also prioritized the construction or repair of slope stabilization and the construction or repair of drains found in 19% and 13% responses respectively.

Graph 32: Most Urgent Projects to be Implemented by SD at Sub-Block Level*

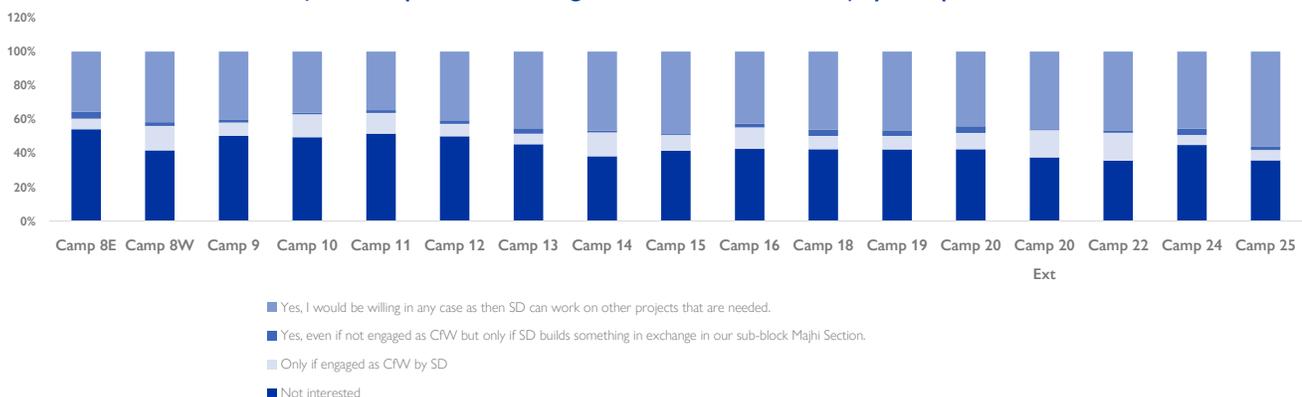


Almost half of the respondents (44%) reported they would be willing to clean the drains so that SD can focus on other projects that are needed. However, 10 per cent said they would participate as CFW by SD, while 44 per cent said they were not interested.

Graph 33: Respondents Willingness to Clean the Drains



Graph 34: Respondents Willingness to Clean the Drains | By Camps



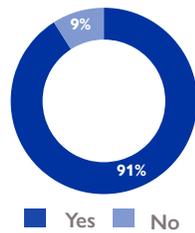


HEALTH

Health Issues:

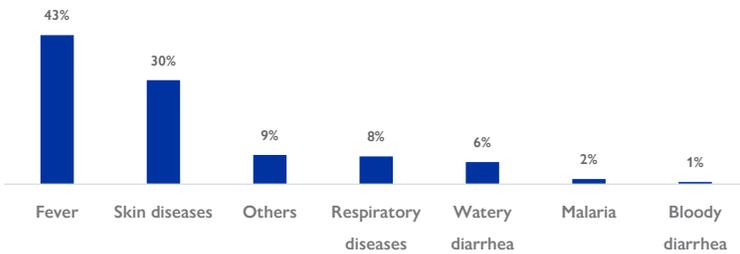
A majority of the respondents (91%) reported having household members who had an illness or health issue in the last three months before the data collection. Fever is comparatively the most reported condition, representing 43% of the 5458 health conditions recorded among the 2909 respondents. Another frequent health condition mentioned in 30% of responses was skin diseases.

Graph 35: Family Members Affected by Diseases in the Last 3 Months



Camp 16 had high responses (37%) mentioning skin diseases compared to other camps. Trends survey round 3 report^a also indicated the increasing number of skin diseases due to cramped living conditions in camps.

Graph 36: Percentage of Type of Diseases/Health Conditions*



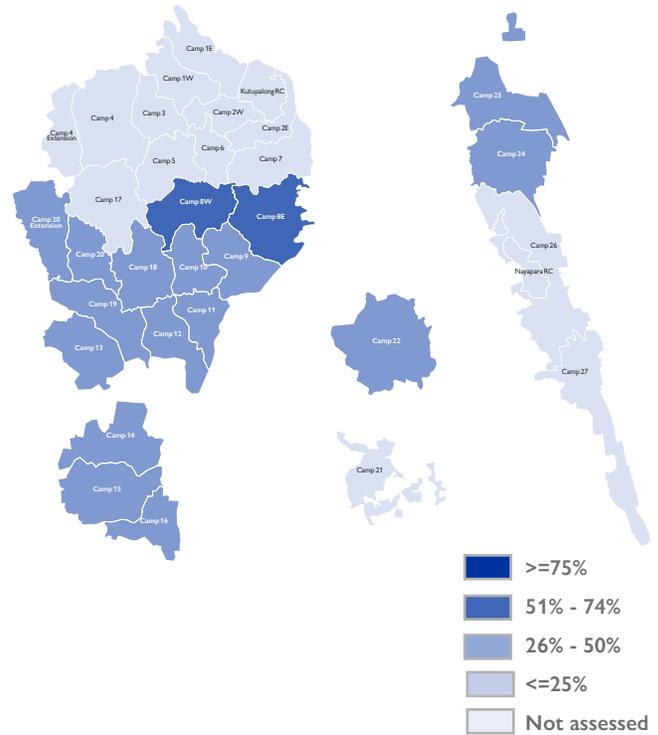
More than half of the responses (60%) referred that households had sick members who were children and adolescents aged between 0-17 years old who needed health care, among them, 24% of responses indicated children under 5 years old, children between 6 and 12 years old found in 15% of responses and 13% referred children between 13 and 17 years old.

39 per cent of responses accounted for sick members who were aged between 18-64 years and old, while the elderly (65+ years old) made up 3 per cent of the total responses.

Graph 37: Particular Group of People Affected by Diseases/Health Conditions*



Map 3: Prevalence of Top Disease (Fever) | By Camp

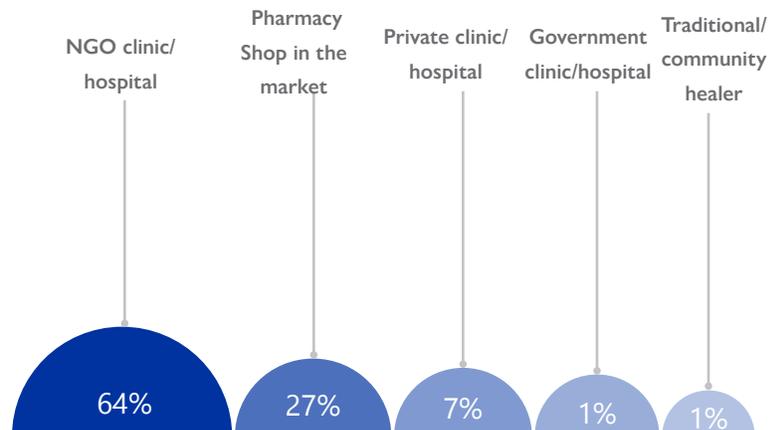


Health-seeking Behaviour:

Overall, 98 per cent of respondents reported that they visit health facilities if someone in their family falls sick. The majority of the households informed they were able to obtain health care when they felt needed it if there was anyone ill in the last 3 months in their households. Among those, 64 percent went to NGO clinics or hospitals, 27 percent visited pharmacy shops in the market, and 7 percent sought healthcare in private clinics or hospitals.

4 per cent of respondents reported that someone in their household, needed health care in the last 3 months prior to data collection, but they did not seek any treatment at the health facility or hospital.

Graph 38: Treatment Location*



^a<https://www.humanitarianresponse.info/en/operations/bangladesh/document/edition-3rohingyar-hobrorhingya-newsbazar-bhanger-ar-dhor-barer>



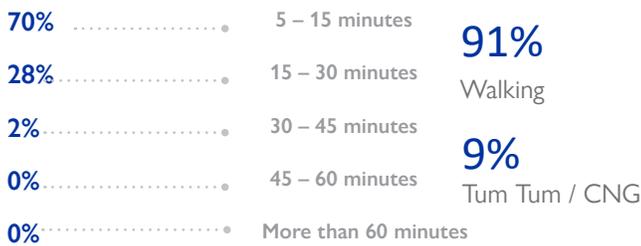
Access to Health Facilities:

A high number of respondents (70%) stated that it takes 5–15 minutes for anyone from their household to get to the nearest functional health facility by normal mode of transportation, while 28% mentioned 15-30 minutes.

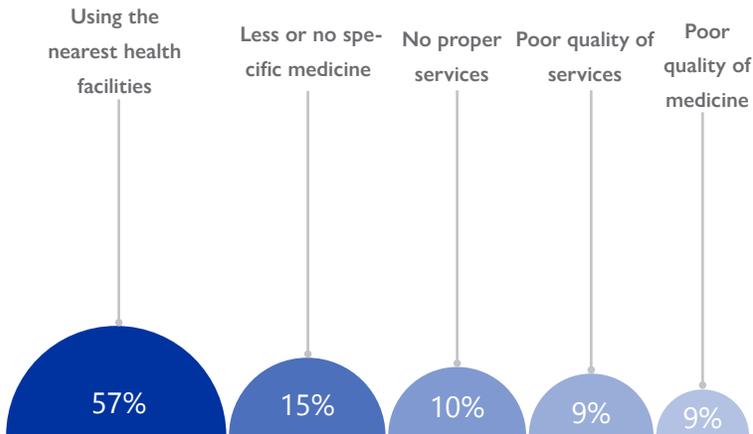
While respondents could report multiple means of transportation, out of all responses, 91% of responses referred to walking, and 9% referred to tum tums/CNG as their means of transportation.

When asked why some households do not use the closest facilities, 15% of responses referred to lack of medicine or a particular medication as the main reason, followed by no appropriate services (10%) and poor quality of medicine (9%).

Distance to the Nearest Health Facility and Mode of Transportation*



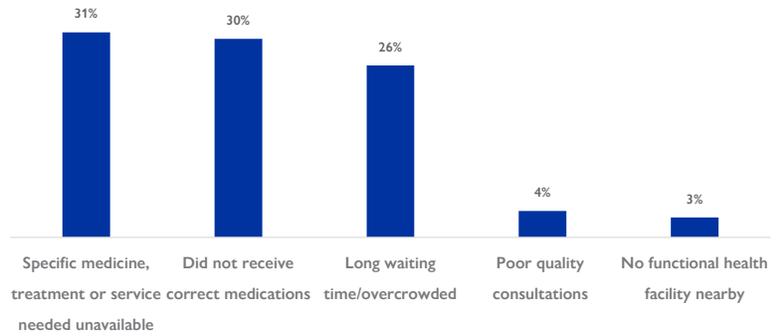
Graph 39: Reasons for not using the Nearest Health Facilities*



Barriers:

The most common challenges experienced reported by respondents that prevented them to access the proper healthcare were related to the unavailability of specific medicine and treatment or services (31%), not receiving appropriate medications (30%), overcrowding or long waiting (26%). The results from the trends round 4 report⁹ also support the findings where it was mentioned that treatment is inadequate, long queuing in health centers and the only remedy was to hand out paracetamol to everybody regardless of health issue.

Graph 40: Challenges to Access Health Facilities*



25 per cent of respondents said yes when asked whether they think their household would face trouble if they needed to obtain healthcare in the past three months, while 74% mentioned no. Out of the respondents who said yes, some of the difficulties highlighted by them include long waiting times for the service/overcrowding (43%), not getting the right medications (26%), and unavailability of certain medications, treatments, or services (20%).

Expenditure:

In the last three months prior to data collection, nearly half of the respondents (47%) said they had to pay for medical services including consultations, treatments, or medications, while 53% didn't. The same results were also found in the trends round 4 report¹⁰ where a large number of respondents reported paying for medical care. The payment was made through incurring debt mentioned in the same report. However, 57% of responses stated households were using the nearest health facilities.

Lastly, when respondents were asked in case there is less than one year age child in the household where the child was born, 81% of the responses referred that there was no less than one year child in the household, while still, 9 per cent of responses informed children were delivered at home followed by 8% in the clinic.

Graph 41: Children Birthplace in the Last 12 Months



⁹<https://reliefweb.int/report/bangladesh/rohingya-hobor-constricted-movement-and-limited-livelihoods-edition-4-mid-february-mid-july-2022>

¹⁰<https://reliefweb.int/report/bangladesh/rohingya-hobor-constricted-movement-and-limited-livelihoods-edition-4-mid-february-mid-july-2022>

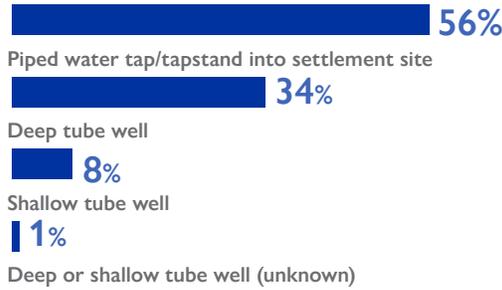


WATER, SANITATION AND HYGIENE (WASH)

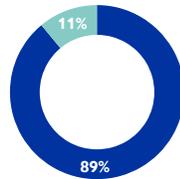
Water:

56% per cent responses referred that respondents were using piped water tap/tap stand at the settlement site as their main source of drinking water at the time of data collection which is followed by deep tube-well (34%) and shallow tube well (8%). 96% of the responses referred that no issues with the quality of the drinking and cooking water.

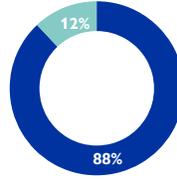
Graph 42: Main Sources of Drinking Water



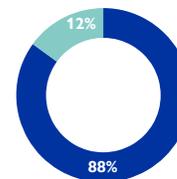
Graph 43: Drinking, Cooking, and Personal Hygiene



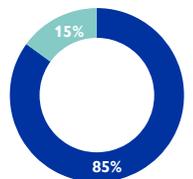
Graph 44: Cleaning, Washing, and Gardening



Graph 45: Personal Hygiene at the Bathing Location



Graph 46: Personal Hygiene at the Shelter



■ Yes ■ No

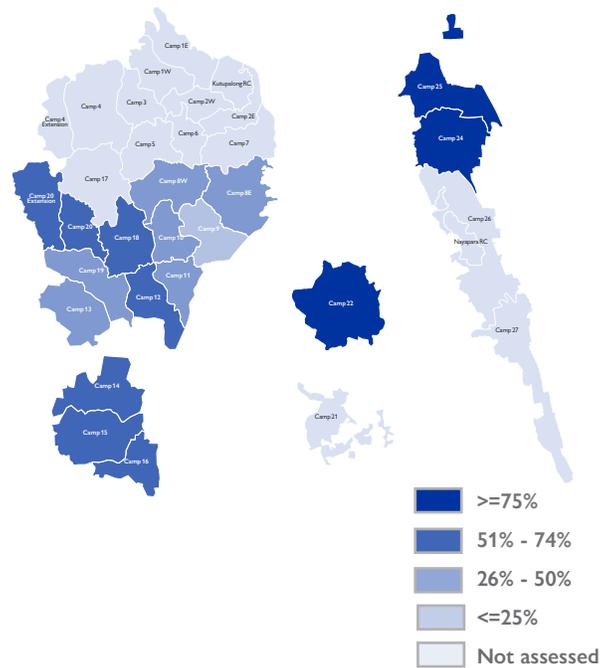
- The majority of the households (89%) had access to enough water for drinking, cooking and personal hygiene, and a small proportion of households (11%) did not have enough water during the data collection period. Out of the 11% of households with insufficient water supplies, 27% of responses were found in camp 22, followed by 8w (12%).
- 88% of households had access to enough water for cleaning, washing, and gardening, while 12% didn't. Out of the 12% of households with insufficient water supplies, 30% of those households were in camp 22, followed by camp 24 (11%).
- 88% of households had access to enough water for personal hygiene (washing or bathing) at the bathing location.
- 85% of households had access to enough water for personal hygiene (washing or bathing) at the shelter, i.e. carrying water from the source.

Collecting water per day and per person depends on the number of containers found in more than half of the responses (56%), while 29% of responses informed it depends on based on the number of people living in the household and 14% of responses indicated depends on the capacity of containers.

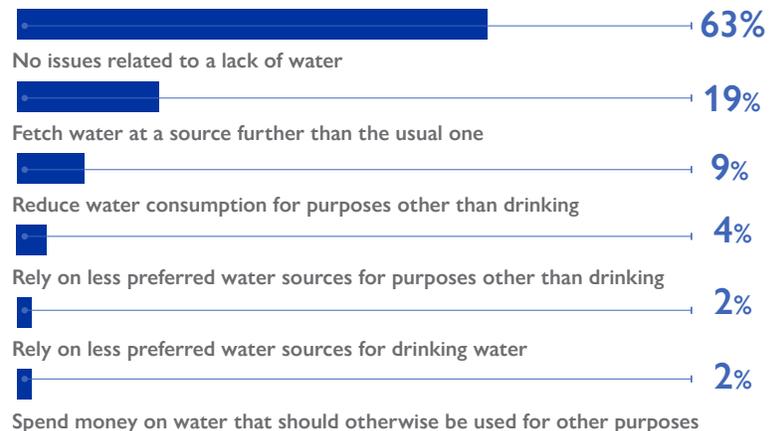
Graph 47: Amount of Water Households Collecting*



Map 4: Main Source of Drinking Water (Piped Water Tap/Tap Stand) at Camp Level



Graph 48: Water Coping Mechanism*





Sanitation:

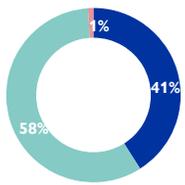
A high majority of the households (93%) use communal latrines, whereas only a small proportion of households use private latrines referred to 5% of responses followed by latrines inside the house (2%).

41% of the households reported females in their households had difficulty with using latrines while in 58% of the households, this was not the case. Out of these, camp 24 had the largest percentage of households reporting females having issues with accessing latrines, and camp 20 Ext had the lowest proportion. When the same question was asked for males, overall, **33%** of respondents reported males had problems with using latrines. Both males and females had common access issues, such as not having enough latrines/long waiting times/overcrowding, inadequate lighting both inside and outside latrines, and distance to latrines. In addition, some households also reported females in their households to feel insecure using latrines because the latrines are not gender segregated.

Table 2: Main Problems When Accessing Latrines (Females and Males)*

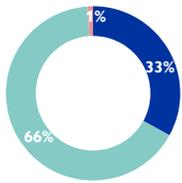
| Type of Problems | Female | Male |
|--|--------|------|
| Not having enough latrines/long waiting times/overcrowding | 22% | 28% |
| Lack of light inside latrines | 19% | 23% |
| Lack of light outside latrine | 15% | 17% |
| Females feel unsafe using latrines, because they are not (appropriately) segregated between men and women [#] | 17% | - |
| Latrines are too far | 11% | 12% |
| Latrines are unclean/unhygienic | 8% | 11% |
| Latrines are not functioning | 2% | 3% |
| Latrines are difficult to reach (due to road conditions, terrain, etc.) | 3% | 3% |

Graph 49: Challenges Faced by Women



■ Yes
■ No

Graph 50: Challenges Faced by Men



When asked how they deal with access issues, 42 per cent of the responses referred to no issues with latrines, while 41% of responses indicated relying on communal latrines and 9% going to the latrines further than usual one among the 3674 responses. Very few respondents (8%) reported having a private latrine/toilet in their shelter. Almost all respondents (97%) said they had soap¹¹ in their households.

Bathing Facilities:

Overall, 96 per cent of respondents said there were no issues with bathing facilities for the females in their families. Out of the respondents (4%) who reported females had issues with bathing facilities mentioned distance to bathing facilities (20%), shortage of bathing facilities/long queues/overcrowded (16%) and lack of light inside bathing facilities (14%). The majority of the respondents (97%) reported males in their households didn't have any issues with accessing bathing facilities.

Menstrual Hygiene:

Females represented households with females of reproductive age (10-49) were asked if females in their household members face problems accessing menstrual materials. 32% said yes, while 67% reported no. The main reasons for having problems were not receiving undergarments observed in 57% of responses followed by insufficient menstrual clothes or pads (21%).

Waste Management:

During the data collection, 96 per cent of respondents stated that their households had access to waste bins at the household, and/or communal bins/pits. Households usually dispose their household waste, including food waste using segregated bins. And all waste is regularly collected directly from the shelter/communal bin/pit.

Graph 51 : Access to Waste Bins at the Household or Communal Bins/Pits



[#]Only asked to female respondents

¹¹Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand, hand sanitizer, or other handwashing agents.



PROTECTION

Safety and Security Situation:

Respondents perceived the safety and security situation has improved in the last 12 months prior to data collection observed in 42% of responses while 39% of responses mentioned it remained the same, 16% of responses referred to the situation as it had gotten worse and camp 24 had the highest cases followed by camp 8w reporting the security situation became worse.

Graph 52: Percentage of HHs Reporting Safety and Security Situation Comparing Last 12 Months*

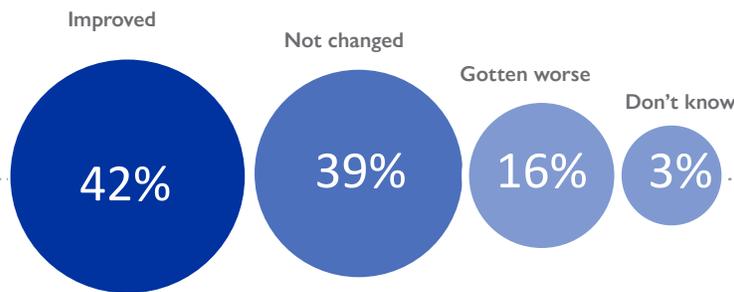


Table 3: Percentage of HHs Reporting Safety and Security Situation Comparing Last 12 Months | By Camps

| Camp | Improved | Not changed | Gotten worse | Dont know |
|------------|----------|-------------|--------------|-----------|
| Camp 8E | 28% | 54% | 17% | 1% |
| Camp 8W | 40% | 41% | 18% | 2% |
| Camp 9 | 36% | 46% | 16% | 3% |
| Camp 10 | 39% | 43% | 15% | 3% |
| Camp 11 | 48% | 40% | 10% | 2% |
| Camp 12 | 45% | 41% | 11% | 3% |
| Camp 13 | 36% | 47% | 15% | 1% |
| Camp 14 | 49% | 40% | 7% | 5% |
| Camp 15 | 56% | 35% | 5% | 3% |
| Camp 16 | 55% | 36% | 5% | 4% |
| Camp 18 | 35% | 44% | 17% | 4% |
| Camp 19 | 35% | 47% | 17% | 2% |
| Camp 20 | 47% | 33% | 15% | 5% |
| Camp 20Ext | 64% | 30% | 2% | 4% |
| Camp 22 | 58% | 36% | 3% | 3% |
| Camp 24 | 16% | 12% | 71% | 1% |
| Camp 25 | 31% | 42% | 25% | 2% |

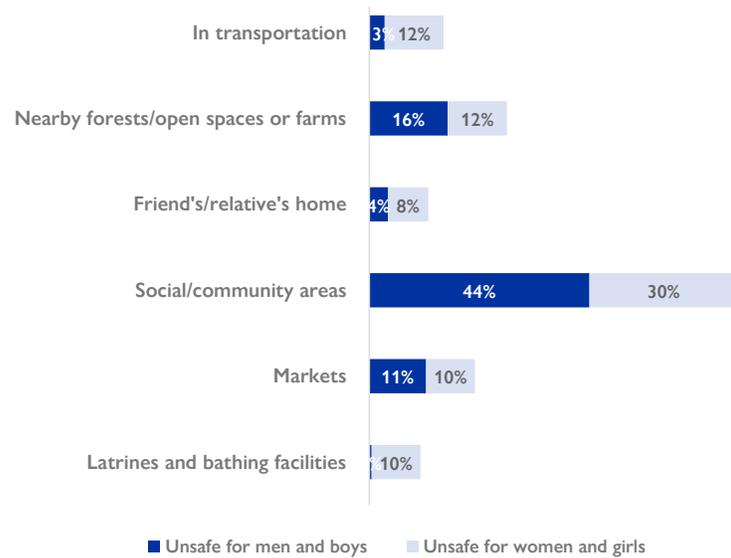
7% of respondents reported that there are areas (or places) that are currently considered unsafe for boys and men in their camps, while 91% didn't and 2% said they do not know. Out of the respondents who said yes, the majority of them were from camp 24 (55%) followed by camp 25 (13%) and camp 18 (9%).

The most common reported areas that boys and men avoid were social/community areas mentioned in 44% responses followed by nearby forests/open spaces or farms (16%) and markets (11%).

5% of respondents reported that there are areas (or places) that are currently considered unsafe for girls and women in their camps, while 94% didn't and 1% said they do not know. Out of the respondents who said yes, the majority of them were from camp 24.

The most common reported areas that girls and women avoid were social/community areas mentioned in 30% of responses followed by nearby forests/open spaces or farms (12%) and transportation (12%).

Graph 53: Type of Areas Considered Unsafe*



Reporting Safety Concerns:

The majority of households interviewed (99%) informed their households did not want to report a safety or security incident, or access to protection services in the past 12 months prior to data collection, only 1% did.

Out of them, 78% were able to report the incident or access the service they needed and 30% of households reported they faced challenges when reporting or accessing the services and out of them a majority reported the problem was not resolved to the household's satisfaction.

Only 1% of households reported in the past 12 months their households had issues that needed to be resolved through formal or informal justice mechanisms or legal partners¹².

¹²Mediation through majlis should not be taken into consideration.



Child Protection:

20 per cent of respondents reported they had seen an increase in the number of children working in their camp in the past 12 months prior to data collection, while 71% didn't and 8% said they don't know. The proportion was higher in camp 24 (43%) followed by camp 16 (27%), and camp 18 (25%).

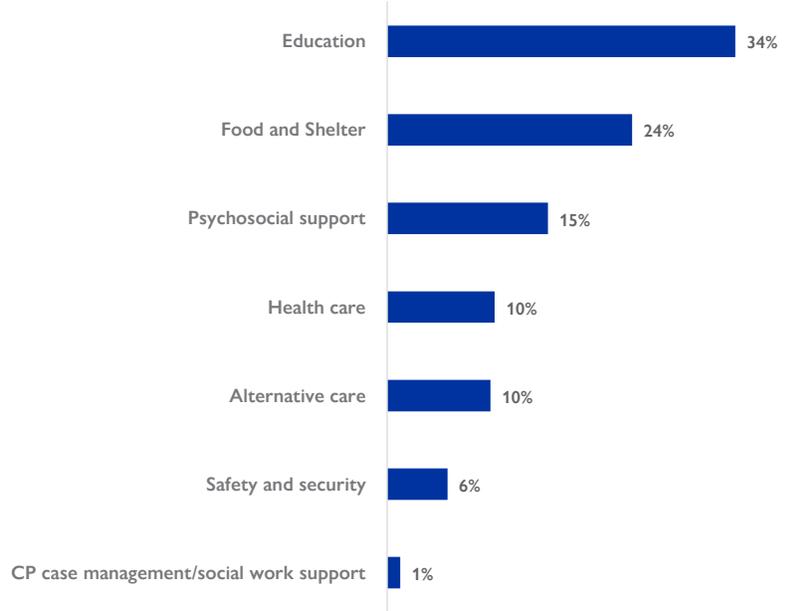
Street peddling was the most commonly reported type of work children were doing found in 41% of responses followed by shopkeeping (32%).

Graph 54: Type of Work Children Have Been Doing*



67 per cent of respondents reported that the needs of the children in their household are currently adequately met to ensure their well-being, while 25% of households mentioned didn't meet them and 8% of households did not have children. Education was prioritized as an unmet need for children mentioned in 34% of responses, followed by psychosocial support (15%).

Graph 55: Unmet Needs Reported for Children*



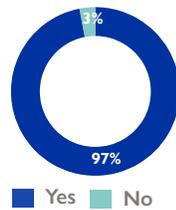
The majority of the respondents (92%) considered verbal discipline as the most effective for children, and only 7% mentioned physical discipline.

COMMUNICATION WITH COMMUNITIES

Access to Information:

Overall almost all respondents (97%) reported that they were able to access enough information about available services and types of assistance in the past 12 months prior to data collection.

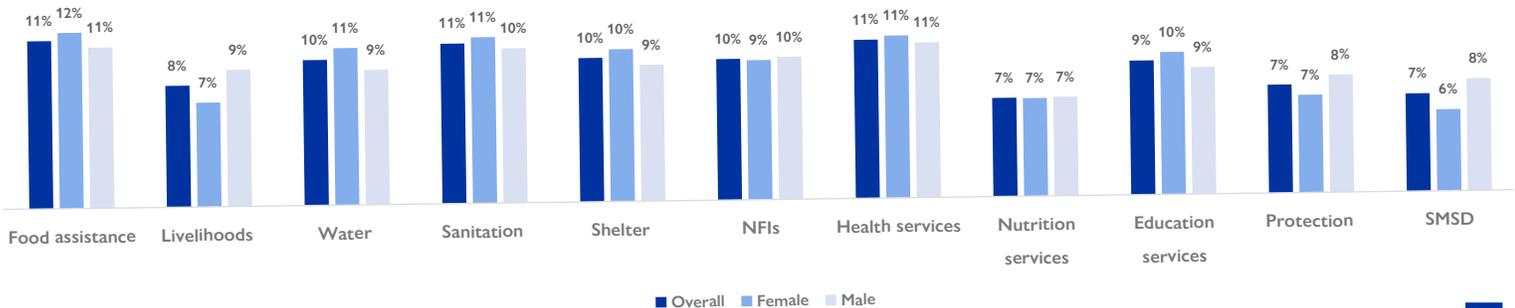
Graph 56: Information Accessed



The most frequently reported assistance about households reporting having received enough clear information included food assistance (11%), sanitation (11%), and health services (11%) recorded among 26434 responses.

A significant gender difference was found between females and males in accessing the information on different services, particularly for access to information livelihood, water, and site management and site development. While 7% of female responses reported they had access to information on livelihoods the percentage was higher for males (9%). 11% of females reported they had information accessing water but the percentage was little low for males (9%). 8% of males had access to information on-site management and site development, this ratio was only 6% percent for females.

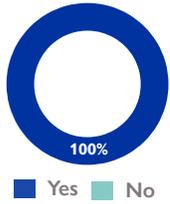
Graph 57: Household Access to Information on Assurances and Services*





Information Received:

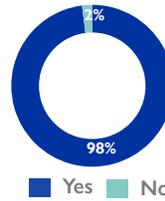
Graph 58: Cyclones



100% of households reported having been able to access (receive and understand) enough clear information related to cyclones in the 12 months prior to data collection.

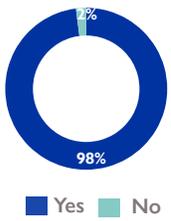
Community Perception:

Graph 60: Consulted by Humanitarians



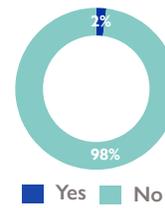
98% of households reported that service providers/ humanitarian workers took their household's opinion into account regarding the type of aid they would like to have received.

Graph 59: Covid-19



98% of households reported having been able to access (receive and understand) enough clear information related to COVID-19 in the 12 months prior to data collection.

Graph 61: Challenges Providing Feedback



98% of responses referred that there was no challenge to provide feedback or complaints on any issues related to aid or the process of receiving aid in the last 12 months prior to data collection.

CONCLUSION

The findings from the Camp Based Needs Assessment (CBNA) give an overview of different met and unmet needs of the Rohingya people, particularly for IOM AoRs.

With existing other unmet needs, the population faces difficulties such as a lack of formal education in camps, health service access issues, poor shelter infrastructure, etc. Due to the population density in these areas and the use of non-sustainable building materials, people's suffering worsens during the monsoon season, and the population is exposed to significant risks from flooding and landslides caused by strong winds and heavy rains.

Findings indicated that shelter-related needs were not fully addressed as a high proportion of the respondents mentioned they needed to repair their shelters and a huge number of households were unable to do it as they didn't receive any support from the humanitarian organization. Although, all households had access to LPG but still, people were concerned it wouldn't last until the next distribution.

A large number of households were found to be unaware of Side Development's (SD) various projects, which indicates a lack of accessible information and an effective channel of communication with affected populations. Access to health services was found to be a serious concern, specifically the unavailability of specific medication and treatment.

Nearly half of the respondents had to pay for healthcare they sought in the last three months prior to data collection. In addition, education was reported as the most unmet need for children by a large proportion of households. However, some findings indicate an optimistic view, such as a high proportion of households were found to not have difficulties in accessing water that they required for different purposes and there were fewer issues found with the quality of the drinking water. Many households have sufficient access to information about different services.

Along with other humanitarian partners, IOM continues to provide shelter, protection, mental health and psychosocial services, and water and hygiene support in all 17 camps under IOM AoRs. As a result of the emergence of new refugee crises last year, on which donors are currently focusing, the Rohingya refugee crisis is losing attention gradually. Thus, managing the crisis with limited resources is therefore imperative to know the up-to-date information on key priorities and service gaps.

