

ROHINGYA INFLUX OVERVIEW

Key issues and needs

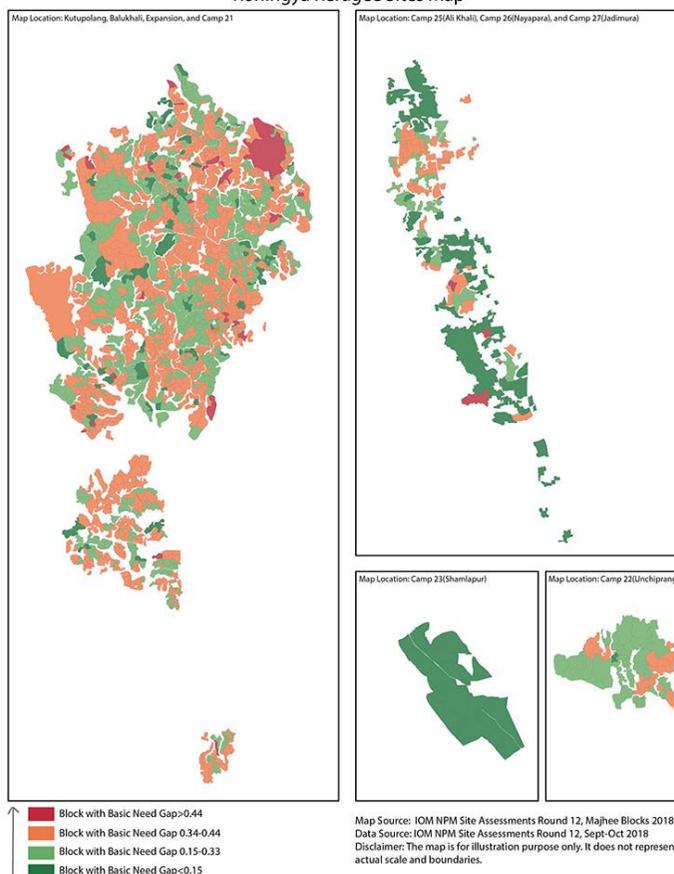
This Rohingya Influx Overview (RIO) details how needs of the Rohingya population in Cox's Bazar district have evolved in key sectors and identifies new issues that have arisen. The main timeframe covered is between July and September/October.

Key findings:

- Protection concerns cut across WASH sub-sectors, as safety issues have impacted refugees' **access to latrines, bathing facilities, and water points**. Women and girls are particularly affected by the lack of locks, lighting, and gender-segregated facilities.
- The Bangladesh and Myanmar governments' announcement to begin **voluntary repatriation** of refugees to Myanmar sparked confusion and fear among refugees, as they did not receive sufficient, reliable information about the plans and the voluntary nature of the decision.
- Data on health access highlights the **continued need for quality healthcare** in the camps. Reported issues are related to waiting times and the type of health service provided in health facilities.

The Basic Needs Gap Index illustrates that needs vary greatly across the camps, with some areas being more affected than others by gaps in key sectors.

Severity of Need- Basic Need Gap Index at Majhee Block Level
Rohingya Refugee Sites Map



Map 1: Basic Needs Gap

About this report

This report covers changes and key issues recorded in the Rohingya refugee camps in Cox's Bazar district of Bangladesh between July and September/October. It includes a review of secondary data, as well as the results of a multi-sector prioritisation tool developed by the Analysis Hub: the *Basic Needs Gap Index*. This index is based on NPM Round 12 data and covers gaps in shelter and NFIs, food, health, sanitation and water supply, and is meant to illustrate the severity of need across camps and blocks in the Rohingya settlements.

Key priorities



Protection

Conditions for safe and dignified return to Myanmar not met



Safety concerns

Associated with use of WASH facilities



Quality healthcare

Inside refugee camps

Humanitarian Constraints



Access restrictions for international staff to the camps impact the provision of healthcare at night.

Overview

The Basic Needs Gap illustrates the distribution of high needs across camps. The camps with the highest percentages of people with high needs are Camp 19 (18.9% of the camp population), Camp 08E (17.1%), and Camp 05 (15.9%). Regarding total figures, Camp 08E and Camp 01W are the most affected, each recording more than 5,000 people with high needs.

CAMP NAME	Number of blocks	Population	Blocks with high basic needs gap >0.44	Population with high basic needs gap >0.44	% of people with high basic needs gap >0.44
CAMP 19	66	22 019	14	4 166	18.9%
CAMP 08E	79	33 022	13	5 654	17.1%
CAMP 05	48	24 605	8	3 905	15.9%
CAMP 01W	95	39 526	15	5 532	14.0%
CAMP 17	42	15 952	6	2 068	13.0%
CAMP 03	87	38 761	11	4 613	11.9%
CAMP 15 (Jamtoli)	101	49 948	9	4 980	10.0%
CAMP 02E	61	31 524	5	2 532	8.0%
CAMP 12	56	26 458	3	1 579	6.0%
CAMP 10	80	32 815	3	1 546	4.7%
CAMP 25 (Ali Khali)	23	9 571	1	426	4.5%
CAMP 11	79	32 450	4	1 395	4.3%
CAMP 13	93	42 022	3	1 585	3.8%
CAMP 01e	101	39 376	4	1 350	3.4%
CAMP 26 (Nayapara)	88	45 957	5	1 303	2.8%

Table 1: Basic Needs Gap

WASH

Latrines and bathing facilities

As of October, half or more than half of people have access to latrines in 91% of blocks. However, only 6.8% of blocks report that everyone, or nearly everyone, has access (NPM Round 12). This does not represent a significant change in access in comparison to July, when the previous round of Needs and Population Monitoring (NPM) data was collected. Between August and October, the total number of functional latrines in the camps

increased slightly, from 41,300 to 45,800 (WASH Sector). Similarly, few changes were reported in the types of latrine access problems.

Latrines: In 28.7% of majhee blocks, latrines do not have locks, constituting a 3% increase from July. In over 92.5% of blocks, latrines do not have lighting (NPM Round 12). This lack of locks and lighting has significant implications for people's access to latrines, as well as their safety while using latrines. This is particularly true for women and children, and further exacerbated at night.

Regarding perceptions of safety, it is important to note there may not be a common understanding of the concept of "safety" among Rohingya and/or between the Rohingya and the humanitarian community, as indicated by Oxfam's conclusions from its assessments with Rohingya (Oxfam 08/2018, Oxfam 11/09/2018).

Bathing: In 85% of blocks, half or more than half of people have access to bathing facilities (NPM Round 12). Nevertheless, WASH Sector data shows that the vast majority of camps have a bathing facility gap of over 50%, indicating that minimum standards are not being achieved across the camps (WASH Sector 11/09/2018). Data gathered by REACH indicates that half of women use makeshift spaces inside shelters for bathing, while most men bathe on tube well platforms (REACH 11/2018). The main issues people face when accessing bathing facilities are a lack of separation (73.2% of people) and insufficient lighting (47.9%) (NPM Round 12).

Protection concerns during use of WASH facilities: Only 53.6% of blocks report having locks on bathing facilities, and only 8.7% have lighting. These gaps indicate significant protection concerns, especially for women and children, who are particularly vulnerable during bathing. Majhee key informants in 69% of blocks stated there are safety problems for women at bathing and washing facilities, with safety at latrines being an issue for women in 47.1% of all blocks. For children, key informants identified safety concerns in bathing and washing facilities in 50.5% of blocks, and at latrines in 59% of blocks, further illustrating the safety risks associated with the use of WASH facilities (NPM Round 12).

Information gathered in focus group discussions corroborates the key informant data, highlighting concerns around using latrines at night - including latrines being in unsafe locations - and the lack of gender segregation (Oxfam 08/2018). NPM majhee key informants cited the lack of gender segregated latrines as a barrier to accessing latrines in 72.3% of blocks (NPM Round 12). Female key informants also stated in

Severity of Need- Sanitation Need Gap Index at Majhee Block Level
Rohingya Refugee Sites Map



Map 2: Sanitation Needs Gap

interviews that the wall material of some latrines has been damaged and allows men to see through (NPM Round 12). Qualitative data indicates that some women actively try to avoid having to use latrines by consuming less food and water, and have someone accompany them when using WASH facilities (Oxfam 12/09/2018; NPM Round 12).

Map 2 illustrates the distribution of the severity of sanitation needs across majhee blocks. Table 2 shows sanitation need gaps at camp-level. Four camps have a need gap above 25%, with Camp 03 also having the highest number of people with high sanitation needs (over 12,700 people).

CAMP NAME	Number of blocks	Population	Number of blocks with high sanitation needs gap >0.53	Population with high sanitation needs gap >0.53	% of people with high sanitation needs gap >0.53
CAMP 03	87	38 761	29	12 756	32.9%
CAMP 08E	79	33 022	21	8 723	26.4%
CAMP 25 (Ali Khali)	23	9 571	6	2 505	26.2%
CAMP 19	66	22 019	15	5 576	25.3%
CAMP 24 (Leda)	70	34 517	16	7 067	20.5%
CAMP 05	48	24 605	12	4 908	20.0%
CAMP 22 (Unchiprang)	57	22 690	7	4 156	18.3%
CAMP 16	52	23 120	8	4 093	17.7%
CAMP 02E	61	31 524	11	4 425	14.0%
CAMP 23 (Shamlapur)	18	12 811	3	1 747	13.6%

Table 2: Sanitation Needs Gap

Open defecation

According to NPM, insufficient latrines are a barrier to accessing sanitation for 29.4% of the population (NPM Round 12). However, the overall latrine gap across the camps is only 7% (WASH Sector 11/09/2018).

Reported defecation practices vary significantly by block. In 66.3% of majhee blocks (down from 72.1% in July), most people defecate in communal latrines, and in 13.4% of blocks, most people use family latrines (NPM Round 12, Round 11). In 17.9% of blocks (up from 13%), most people defecate in open areas (NPM Round 12, Round 11). When asked about open defecation practices, only 19.3% of blocks reported that it is not practiced anywhere in that block (NPM Round 12).

However, REACH data indicates that open defecation is predominantly practiced by children under 5, with over 50% defecating outside (REACH 11/2018). Only a very small

number of interviewees stated that adults in their household were defecating outside. In addition, REACH finds that there is no difference between men and women regarding latrine use, with over 60% using communal latrines, while the remaining share of adults use single and shared household latrines (REACH 11/2018).

There is no immediate explanation for why the Needs and Population Monitoring (NPM) key informant survey indicates that a significant share of the population is practicing open defecation, while the REACH household survey finds that it is predominantly practiced by children under 5. More research is required to gain further insights about the prevalence and patterns of open defecation in the camps.

Key locations of concern: Using NPM data, some key areas of concern can be identified. Camp 10 (48 blocks), Camp 13 (46), Camp 18 (42), and Camp 11 (42) all have more than 40 blocks where most people are reported by the majhee key informant to defecate outdoors or in open spaces (NPM Round 12). However, the WASH Sector gap analysis indicates that most of these camps have enough latrines to meet sector requirements, with only Camp 18 having a 7% latrine gap (WASH Sector 11/09/2018).

In 1.2% of blocks, most people are reported by the majhee key informant to defecate in plastic bags. This constituted a total of 26 blocks, of which 16 are located in Camp 03 and five are in Camp 05, indicating clear areas of concern regarding defecation practices (NPM Round 12).

Water

CAMP NAME	Number of blocks	Population	Number of blocks with high water needs gap >0.67	Population with high basic needs gap >0.67	% of people with high basic needs gap >0.67
CAMP 25 (Ali Khali)	23	9 571	13	5 607	58.6%
CAMP 20 Ext	20	4 269	9	1 823	42.7%
CAMP 02W	46	25 776	14	8 093	31.4%
CAMP 20	21	7 828	7	2 407	30.8%
CAMP 24 (Leda)	70	34 517	21	9 818	28.4%
CAMP 05	48	24 605	13	6 127	24.9%
CAMP 08E	79	33 022	18	7 179	21.7%
CAMP 02E	61	31 524	13	6 793	21.5%
CAMP 27 (Jadimura)	47	14 986	10	2 963	19.7%
CAMP 03	87	38 761	17	7 661	19.7%
CAMP 19	66	22 019	11	3 953	18.0%
CAMP 17	42	15 952	8	2 852	17.8%

Table 3: Water Needs Gap

Table 3 shows the camps with the highest water needs. In Camp 25, over 58% of the population have high water needs, followed by camp 20E, with 42.7%. Camp 24 has the largest number of people with high water needs (over 9800 people), making up 28.4% of the camp's population. Map 3 shows the distribution of high water needs across blocks.

The predominant source of water in camps is hand pumped tube wells, with 84.4% of blocks reporting it as the main water source for their block, consistent with previous NPM data collection rounds. There is also some increase in the use of piped water/ tap stands (17.9%, up from 14.4% in July) and storage tank/ tap stands (17.2%, up from 12.1%) (NPM Round 12, Round 11). These findings are roughly corroborated by REACH data. 75% of households interviewed by REACH use tube wells, 20% use piped water/tap stands, and 5% obtain water from tanker trucks (REACH 11/2018). WASH Sector data indicates sufficient coverage of tube wells across camps, with some exceptions, particularly in Teknaf (WASH Sector 11/09/2018). Between August and October, the number of total functioning water points increased from around 6,000 to 7,100 (WASH Sector).

Water access: Every reported barrier to accessing water has seen an improvement between July and October. Most significant improvements are seen in distance to water points, functionality of water points, and waiting times at water points (see graph). The increase in supply appears to be reducing the main water access problems for a significant portion of the population.

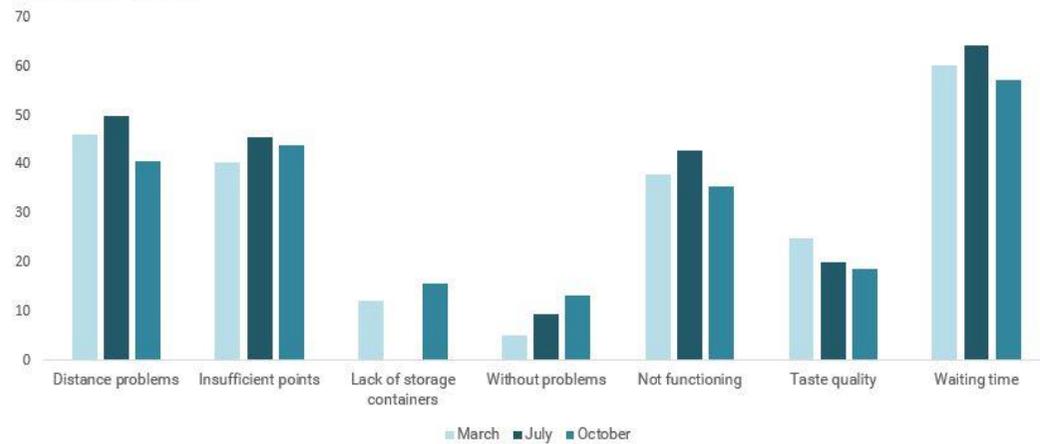
REACH data indicates that over 40% of households reported an improvement in access to water in comparison to pre-monsoon season, and only 5% reported a deterioration (REACH 11/2018). This suggests that water availability and water access has generally improved for many Rohingya refugees, while access has decreased for a small percentage of people.

NPM data paints a similar picture. It indicates an overall decrease in the reported proportion of people who have access to water within the camps, despite the increase in water sources. In 4.7% of blocks, no one has access to water, an increase from 0.9% in July (NPM Round 12, Round 11). In 11.9% of blocks, only some people have access to water, up from 5.9% in July. The percentage of blocks in which half or most people have access to water has similarly decreased (NPM Round 12, Round 11). This would suggest that the percentage of people for whom water access has decreased is somewhere between 5% and 9%.

Water access key locations of concern: The camps with the highest number of blocks in which NPM key informants reported no one or almost no one, or only some people, have access to water are Camp 03, Camp 08E, Camp 11, and Camp 13 (NPM Round 12). However, all of these camps have a sufficient, or even surplus, coverage of tube wells according to WASH Sector data (WASH Sector 11/09/2018). Lack of sufficient water points is the key

access barrier in 70% of the blocks where no one or almost no one has access to water (NPM Round 12).

Water access problems



Water treatment: The proportion of people who treat their drinking water before consumption seems to be declining. In 47.6% of blocks, no one or almost no one is reported to treat water before consuming. This shows a persistent increasing trend from 43.4% in July and 38.5% in March (NPM Round 12, Round 11, Round 9). This low proportion of people treating water before use is corroborated by REACH. Only 38% of households interviewed reported treating their water (REACH 11/2018).

The reasons for not treating water have shifted. Water treatment not being a normal practice is the key barrier for 50.7% of the population, up from 41.4% in July (NPM Round 12, Round 11). The lack of disinfectants is an issue for 32.7% of people, a significant change from July, when it was a barrier for 48.8%. Similarly, lack of fuel to boil water is an issue for 28.7%, down from 34.8% in July (NPM Round 12, Round 11). Water quality monitoring indicates that water from underground aquifers is mostly safe and that contamination occurs during water collection or at household-level. Over 70% of samples tested between March and August at household level were contaminated with faecal coliforms and over 30% were contaminated with E.coli (icddr;b/Unicef 26/08/2018). This highlights the need for improved WASH education around safe water collection, storage, and use.

Protection concerns during water collection: Results from key informant interviews with female key informants conducted during the NPM assessment indicate that the collection of water for households is usually done by women and girls. Female key informants reported facing significant harassment from men at water points as well as on the way to and from the water points. As a coping strategy, they try to avoid crowds by collecting water at dawn and dusk, and avoid sending girls to water points during the

**Severity of Need- Water Need Gap Index at Majhee Block Level
Rohingya Refugee Sites Map**



Map Source: IOM NPM Site Assessments Round 12, Majhee Blocks 20180904
Data Source: IOM NPM Site Assessments Round 12, Sept-Oct 2018
Disclaimer: The map is for illustration purpose only. It does not represent the actual scale and boundaries.

Map 3: Water Needs Gap

day (NPM Round 12). In 51.7% of blocks, water points were identified by majhee key informants as areas where women face safety problems. While this is an improvement over July, when women faced safety problems in 65.4% of blocks, it illustrates the scale of protection concerns at water points, particularly for women (NPM Round 12, Round 11).

Health

The proportion of the population concerned about health has increased from 13.9% in July to 25.9% in October (NPM Round 12, Round 11).

Access and service quality: There have been few changes in the types of barriers the population faces in accessing health care facilities, with long wait times (affecting 67.7% of the population), insufficient variety of health services (21.9%), and lack of awareness of available services (20.6%) coming out on top (NPM Round 12). Among households interviewed by REACH, the lack of supplies in NGO health facilities was reported as an access problem by 22% and the unavailability of treatment by 16% (REACH 06/11/2018). While the percentage of the population affected by access problems differs between the two surveys, the results indicate that access to quality healthcare within the camps remains a challenge. Female key informants also indicated that some women prefer to see female doctors, even if it means waiting longer or not seeing a doctor at all (NPM Round 12). Rohingya refugees interviewed by NPM furthermore stated that many health facilities only provide very basic healthcare for minor ailments (NPM Round 12). Provision of healthcare beyond primary care within the camps is a challenge, with the Health Sector identifying gaps in surgical capacity, psychiatric care, and 24/7 health service provision (ISCG 01/11/2018). One reason for coverage gaps is congestion and the lack of available land to construct health facilities. One example for this is Camp 02E, where there are currently no static health facilities (ISCG 01/11/2018).

Access at night: As of October, 63.3% of the population face problems when accessing health facilities at night. The key problems, which have remained virtually unchanged between July and October, include difficult geographical terrain (affecting 23% of the population), distance to facilities and lack of transportation (23%), and security concerns (14.8%) (NPM Round 12).

Access to camps: Access of humanitarian actors to the affected population is another concern. Access restrictions to camps imposed on international staff reduce the possibilities for supporting national medical staff at night (ISCG 01/11/2018).

AWD: Reported acute watery diarrhoea (AWD) cases have been increasing since the week ending 2 September, although the overall trend remains fairly stable (WHO 07/11/2018). While AWD is common in the camps, the AWD response seems to be functioning. During the MSNA/REACH household survey in July, 16% of households with children under 5

reported that a child had been suffering from diarrhoea within the two weeks prior to the interview. Over 95% of these reported to have received oral rehydration salts, indicating that health actors are reaching most cases of diarrhoea in children under 5 (Health Sector 24/09/2018).

CAMP NAME	Number of blocks	Population	Number of blocks with high health needs gap >0.51	Population with high health needs gap >0.51	% of people with high health needs gap >0.51
CAMP 21 (Chakmarkul)	32	12 866	9	3 965	30.8%
CAMP 19	66	22 019	19	5 445	24.7%
CAMP 05	48	24 605	10	5 691	23.1%
CAMP 01W	95	39 526	20	7 796	19.7%
CAMP 03	87	38 761	19	7 465	19.3%
CAMP 17	45	15 952	7	2 355	14.8%
CAMP 15 (Jamtoli)	101	49 948	12	6 396	12.8%

Table 4: Health Needs Gap

Map 4 shows the severity of health needs at block-level. In Table 4, health needs are aggregated to camp-level. Camp 21 comes out on top with 30.8% of the population having high health needs, followed by Camp 19 (24.7%) and Camp 05 (23.1%). The highest numbers of people with high health needs are found in Camp 01W, Camp 03, and Camp 15.

Severity of Need- Health Need Gap Index at Majhee Block Level Rohingya Refugee Sites Map



Map 4: Health Needs Gap

Protection

Repatriation: The announcement of plans to begin the voluntary repatriation of Rohingya from Bangladesh to Myanmar has raised significant protection concerns. There are clear indications that returnees' safety and protection of their fundamental rights would be at risk upon return (UN 06/11/2018; UNHCR 11/11/2018). On 30 October, the governments of both countries announced a plan to begin voluntary repatriation of over 2,000 Rohingya (IRIN 07/11/2018; ACT et al. 09/11/2018; ECHO 07/11/2018). On 15 November, the plans were halted as none of the shortlisted Rohingya had agreed to return (Dhaka Tribune 15/11/2018; Guardian 15/11/2018).

This is occurring in a context where small numbers of Rohingya continue to arrive to Bangladesh from Myanmar (UNHCR 15/10/018). The announcement came just a few days after a UN fact-finding mission on Myanmar warned that repression against Rohingya has continued in Myanmar (Guardian 24/10/2018).

The Government of Bangladesh reiterated that none of the Rohingya would be forcibly returned to Myanmar (Dhaka Tribune 15/11/2018). Nevertheless, the plan sparked panic and fear of forced return among many of the Rohingya, particularly because reliable information around the plan, including who is on the list, was not available to them (Reuters 09/11/2018; Guardian 11/11/2018; BBC Media Action 13/11/2018). Media reports indicate that the exact proceedings of the repatriation were not communicated well to Rohingya refugees (The Guardian 11/11/2018). Community feedback collected in nine camps indicates that among refugees there was confusion around how the list was developed and whose names are on it. This has contributed to fears and concern and increased Rohingya's suspiciousness regarding documentation (BBC Media Action 13/11/2018). This might potentially augment obstacles to any registration or documentation efforts in the camps.

Many refugees, even some who were not included in the list, went into hiding (The Guardian 14/11/2018). This raises further protection concerns, as refugees could thus be cut off from their usual support systems and have their access to aid be disrupted.

Human Trafficking: Between September 2017 and September 2018, 99 cases of trafficking and exploitation were identified (IOM 16/10/2018). This figure is not indicative of the overall scale of human trafficking, as data is difficult to obtain and the issue is underreported. On the basis of the identified cases, IOM finds that the lack of livelihood opportunities can drive Rohingya refugees to accept risky offers that include domestic work, smuggling, and forced prostitution. Informants voiced concerns that sexual exploitation of women and girls is likely to increase during the tourist season in winter months from October to March (IOM 16/10/2018).

Specific safety concerns: NPM majhee key informant data gives insights into the key areas in the camps where women, men, and children, are facing safety concerns.

Children's safety problems remained virtually unchanged between July and October. The key places where children face safety issues are latrines (in 59% of blocks), bathing facilities (in 50.5% of blocks), and water points (in 25.5% of blocks) (NPM Round 12). The latter is the only area that shows significant improvement in comparison to July, when 35.5% of blocks reported safety problems in relation to water points.

The main safety concerns for women are related to WASH facilities. Women have safety concerns in bathing and washing facilities in 69% of blocks. Despite a notable improvement from July, water points are still a key area where women face safety problems, in 51.7% of blocks (NPM Round 12).

For men, firewood collection is the activity that raises the most safety concerns. In 73.4% of blocks, firewood collection sites were identified as raising safety problems for men. Perception of men's safety at distribution sites has notably improved. In 29.5% of blocks, there are safety concerns for men at distribution sites, down from 45.9% in July (NPM Round 12).

Education

Education is one of the main concerns for 33.6% of the population. This is a significant increase from July, when education concerns affected 24.2% of the population (NPM Round 12, Round 11).

Majhees increasingly report barriers to accessing education for both girls (62% of blocks) and boys (47% of blocks). The main barrier cited is lack of appropriate education programmes, which has increased for both male (from 24.7% of blocks in July to 33.7%) and female (from 19.3% of blocks in July to 29.3%) students. Female students were also reported to face social and cultural barriers (23.5% of blocks) to accessing schools (NPM Round 12, Round 11).

At the same time, physical access to learning facilities has improved. Distance to temporary learning centres is less than a 15 minute walk for 74.4% of blocks, an improvement over July (60.1%). Similarly, distance to Moktabs is 15 minutes or less for 86.2% of blocks, up from 79.1% in July (NPM Round 12, Round 11).

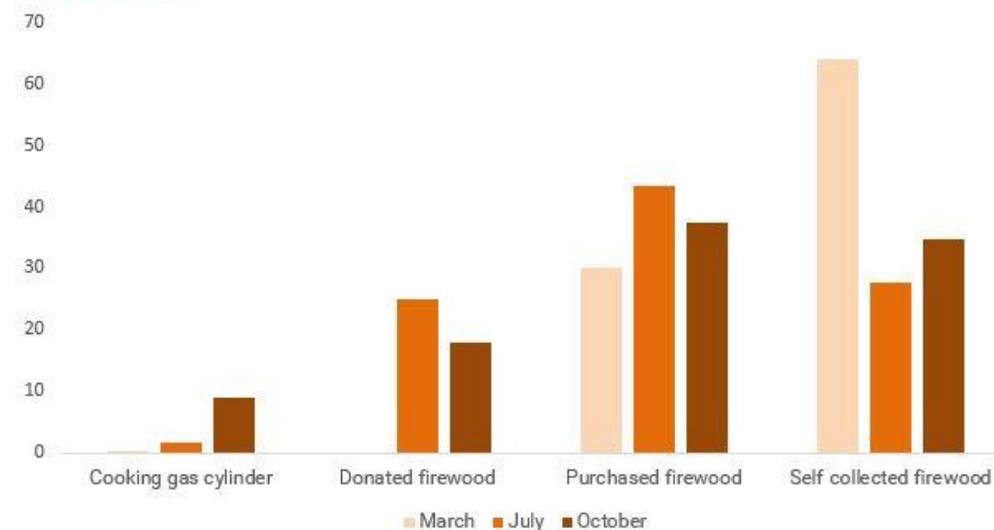
Key concerns: The data indicates that while physical access to education centres is not an issue, people are increasingly concerned about the type and quality of education students are receiving in the centres. This is corroborated by findings from community feedback collections (BBC Media Action 19/09/2018). A particular concern is the lack of education programmes for adolescents. Of some 117,000 adolescents in need of education, only some 3,300 are receiving education or life skills training (ISCG 01/11/2018).

Shelter/NFI

Cooking fuel remains the most prominent NFI need of the Rohingya population despite a decrease in blocks reporting it as a main need. There has been a marked improvement in the share of the population using cooking gas cylinders as their main fuel source, from 1.6% in July to 9.1% in October (NPM Round 12, Round 11).

Firewood remains the most common fuel source. Between March and July, the means of obtaining firewood had shifted from collection to purchase and reception of donated firewood; however, October data shows that people are increasingly collecting firewood themselves again. Firewood collection is associated with protection concerns, being the main safety concern for men in 73.4% of blocks (NPM Round 12, Round 11). The lack of firewood has also led some refugees to use items such as packets and plastic bottles as alternative fuel (BBC Media Action 03/10/2018).

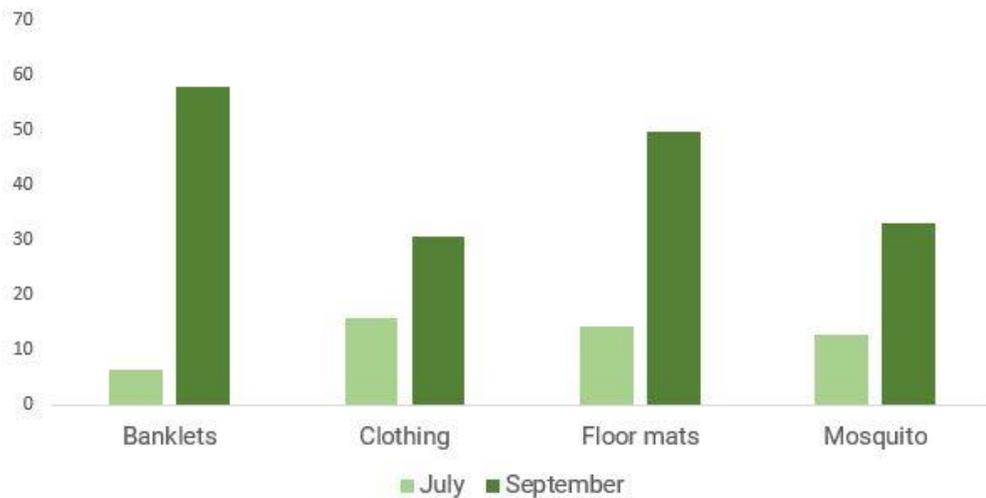
Sources of fuel



Some NFIs have seen a sharp increase in demand between July and October. 57.8% of blocks report a need for blankets, 29.5% of blocks report a need for clothing, and 47.7% report a need for floor mats, all significant increases in comparison to July (see graph) (NPM Round 12, Round 11). These shifts are possibly an indication that many Rohingya refugees are concerned about the changes in temperature towards the end of the year. An increase in demand for mosquito nets, from 12.7% in July to 33.1% in September could potentially be attributed to wear and tear on existing nets; however, what is important to

note is that while the dengue season in Cox’s Bazar is declining, mosquitos will continue to be active throughout the winter season and protection from mosquitos will therefore continue to be important.

NFI needs



CAMP NAME	Number of blocks	Population	Blocks with high shelter needs gap >0.74	Population with high shelter needs gap >0.74	% of people with high shelter needs gap >0.74
CAMP 10	80	32 815	55	22 448	68.4%
CAMP 19	66	22 019	38	12 869	58.4%
CAMP 11	79	32 450	39	15 932	49.1%
CAMP 22 (Unchiprang)	57	22 690	30	10 943	48.2%
CAMP 08E	79	33 022	32	13 940	42.2%
CAMP 14 (Hakimpara)	48	31 287	20	12 609	40.3%
CAMP 08W	79	33 786	29	13 087	38.7%
CAMP 02E	61	31 524	21	11 935	37.8%
CAMP 09	90	35 636	32	12 743	35.7%
CAMP 26 (Nayapara)	88	45 957	18	14 617	31.8%

Table 5: Shelter Needs Gap

**Severity of Need- Shelter Need Gap Index at Majhee Block Level
Rohingya Refugee Sites Map**



Map 5: Shelter Needs Gap

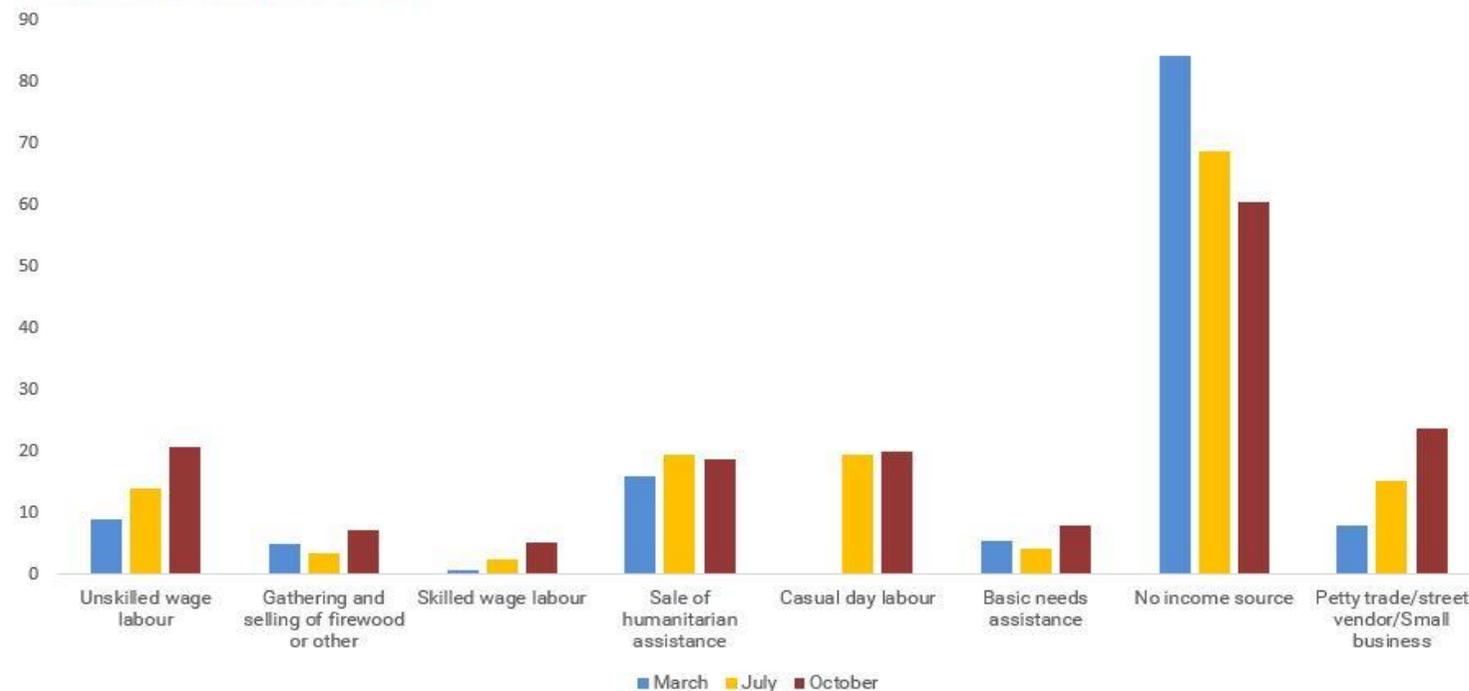
Shelter materials have suffered during the monsoon rains. Rotting of bamboo and tarpaulin has been reported (NPM Round 12). This is raising **protection issues**, as it makes shelters easier to break into, and thus increases safety concerns (NPM Round 12). A shelter survey conducted in July found that many shelters are in need of repair, as roof tarpaulins are leaking (affecting over 60% of respondents) and bamboo has rotted or is infested (over half of respondents) (Shelter Sector 10/2018).

Table 5 lists the camps most affected by shelter needs. In Camp 10 and Camp 19, more than 50% of the population have high shelter needs. Camp 10 has the highest total number of people with high shelter needs (22,448 people). In Map 5, shelter needs are displayed at block level.

Food security and livelihoods

Rohingya refugees are increasingly engaged in livelihood activities. In 20.8% of blocks, unskilled wage labour is among the main livelihood activities, up from 13.9% in July (NPM Round 12, Round 11). Petty trade and small business has seen a significant increase as well, being a main income source in 23.8% of blocks, up from 15.3% in July (NPM Round 12, Round 11).

Main income sources per % of blocks



The sale of humanitarian assistance to generate income is common in 18.8% of blocks. The increased engagement in livelihood activities is reflected in the increased percentage of people using cash to purchase food, which rose from 33.2% in March to 49.8% in October (NPM Round 12, Round 11, Round 9). Furthermore, 35% of households interviewed by REACH in July stated they had taken on new debts within the month prior to the interview (REACH 06/11/2018). Despite the diversification of livelihood activities, in 60.6% of blocks most people do not have an income source, and the Rohingya population continues to be heavily reliant of humanitarian assistance. For 92.8% of the population, food distributions are the main source of food (NPM Round 12).

Map 6 shows how food needs are distributed across majhee blocks. Table 6 lists the most affected camps. In both Camp 10 and Camp 06, more than 30% of the population has high food needs. Camp 10 has the highest number of people with high food needs (13,536 people).

Severity of Need- Food Need Gap Index at Majhee Block Level
Rohingya Refugee Sites Map



Map Source: IOM NPM Site Assessments Round 12, Majhee Blocks 20180904
Data Source: IOM NPM Site Assessments Round 12, Sept-Oct 2018
Disclaimer: The map is for illustration purpose only. It does not represent the actual scale and boundaries.

Map 6: Food Needs Gap

CAMP NAME	Number of blocks	Population	Blocks with high food needs gap >0.34	Population with high food needs gap >0.34	% of people with high food needs gap >0.34
CAMP 10	80	32 815	33	13 536	41.2%
CAMP 06	39	24 904	11	7 936	31.8%
CAMP 08E	79	33 022	18	7 065	21.4%
CAMP 11	79	32 450	17	6 859	21.1%
CAMP 02E	61	31 524	12	5 938	18.8%
CAMP 15 (Jamtoli)	101	49 948	17	9 010	18.0%
CAMP 17	42	15 952	7	2 640	16.6%
CAMP 01E	101	39 376	17	6 083	15.5%
CAMP 19	66	22 019	12	3 102	14.1%
CAMP 14 (Hakimpara)	48	31 287	9	4 403	14.1%

Table 6: Food Needs Gap

Information gaps

Data on open defecation in the camps is conflicting and more research is required to better understand the prevalence of the practice.

Data on water access supports both an improvement and a deterioration of access to water. More research is required to understand better in which areas of the camps access is deteriorating, and what drives access deterioration.

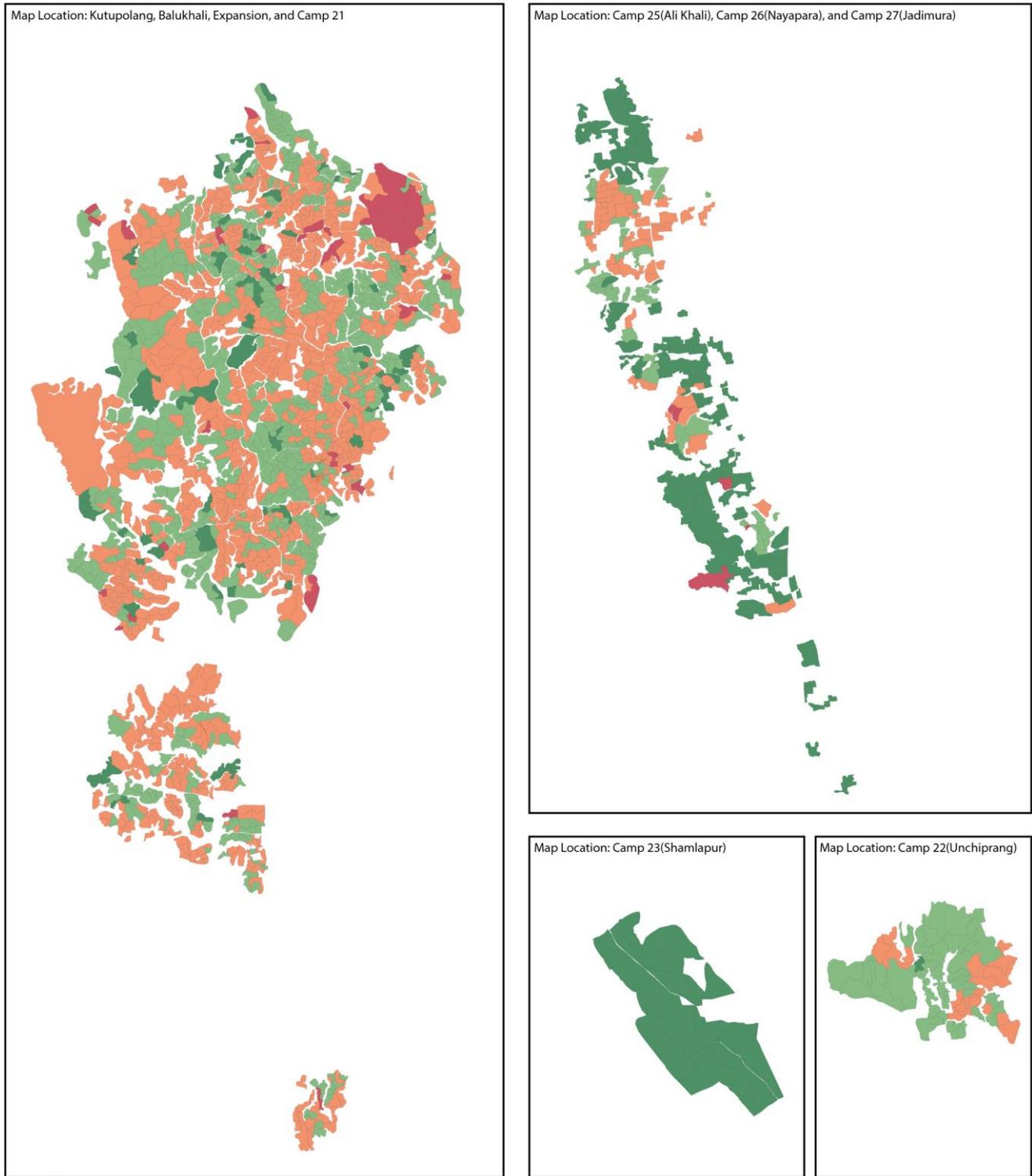
There is no data available to indicate the scale of human trafficking and forced labour.

Methodology

The NPM Site Assessment, upon which the Basic Needs Gap Index is based, is a regular key-informant survey across all camp blocks in the Rohingya settlements.

The Basic Needs Gap is a composite index made up of indicators from the NPM Round 12 dataset. Indicators have been evaluated for their suitability for inclusion, and then combined and weighted according to the Betti-Verma formula, based on the amount of variation they represented. This means the weighting of high correlated variables would be reduced so as to avoid redundancy and overrepresentation.

Severity of Need- Basic Need Gap Index at Majhee Block Level Rohingya Refugee Sites Map



- Block with Basic Need Gap >0.44
- Block with Basic Need Gap 0.34-0.44
- Block with Basic Need Gap 0.15-0.33
- Block with Basic Need Gap <0.15

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Map 7: Basic Needs Gap