

# What are the characteristics that contribute to household vulnerability?

## A thematic review of household vulnerability in the Rohingya Refugee Response

Thematic analysis – 4 October 2020

This factsheet highlights common household characteristics of vulnerability with the aim of identifying specific needs and support requirements of the most vulnerable. These characteristics are identified through an analysis of major assessments conducted in the last 12 months which investigated household vulnerability. The three households highlighted in this factsheet were commonly identified as most vulnerable in all major assessments reviewed.

Prior to COVID-19, all Rohingya refugees in the camps were vulnerable to some degree; no one's basic needs were completely fulfilled and everyone experienced safety and security challenges (ACAPS 12/19; ISCG 09/2019; WFP 12/2019; IOM 12/2019). The same can be said for more than 370,000 Bangladeshis in Cox's Bazar district living under the poverty line and an additional 400,000 estimated to be particularly vulnerable to poverty and other secondary impacts of the pandemic (ISCG 04/2020).

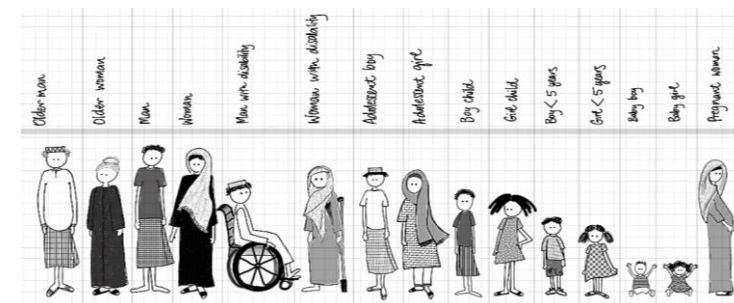
Although the large-scale, blanket coverage programming approach ensures that all households in the camps receive a base level of assistance, some households consistently face greater difficulties meeting certain basic needs than others. This is particularly the case for income generating activities, accessing fresh food to supplement assistance, and accessing preferred health care services.

Rohingya and Bangladeshi households with less access to public space due to mobility restrictions or social norms, as well as those that require regular medical support, are the most at risk as they have greater difficulty accessing assistance and services and have access to fewer income earning opportunities.

While containment measures are essential to reducing the spread of COVID-19, they create barriers to the availability, accessibility, awareness, quality, and utilization of critical services and livelihood opportunities, leading to an immediate and likely long-term decline in wellbeing. Households already struggling to access assistance and services to meet their specific needs are the most gravely impacted and face the highest risk of extreme poverty and severe long-term impacts, such as increased mortality and morbidity.

### Key findings

- **Although Bangladeshi households are generally better off than Rohingya refugee households**, the three household types identified as most vulnerable are the same in both communities:
  - Single female headed households and households without a male of working age
  - Households with at least one member aged five and above that require assistance to complete daily activities
  - Large economically vulnerable families
- **COVID-19 and its subsequent containment measures exacerbated pre-existing vulnerabilities** in both refugee camps and the host communities, exposing vulnerable households to increased risks.
- **All refugees have unmet essential needs, despite the provision of humanitarian assistance.** The vast majority rely on negative coping mechanisms to meet these needs. However, due to the COVID-19 containment measures, there will likely be a shift from coping mechanisms, such as borrowing money and selling assistance, to the use of more extreme measures, such as selling labour in advance and relying more heavily on community and family support to meet basic needs, as the former become less viable.
- **An increase in small-scale, more nuanced programming is required to support extremely vulnerable households** experiencing a combination of compounding vulnerabilities. Whether vulnerable household characteristics consistently produce worse humanitarian outcomes across all basic needs, such as accessing water sources, requires more research.



## Methodology

This factsheet focuses on household vulnerability as opposed to individual vulnerability because large-scale humanitarian programming occurs at the household level. The analysis reflects on the various dimensions that could cause, perpetuate, or exacerbate vulnerability, using the following definition of vulnerabilities:

*'The characteristics of a household within the Rohingya population and the Bangladeshi host community, and their situation in Cox's Bazar, that influence their capacity to meet basic needs, as well as their exposure to physical or mental harm.'* Wisner et al. 2004 and ACAPS 12/2019

Four studies (listed below) were reviewed and analysed collectively to identify the common characteristics of vulnerability. Additional information collected during the COVID-19 response was included to complement the findings.

**Refugee Influx Emergency Vulnerability Assessment (REVA 3)** conducted by WFP and partners. This is an annual representative assessment completed in the Rohingya refugee camps and the two upazilas which host the refugee camps: Ukhia and Teknaf. The assessment surveyed 2,701 individuals in December 2019 to assess the severity of food insecurity and other needs, as well as profile the most vulnerable groups across demographics. This is cited in text as WFP 12/2019.

**Joint Multi-Sector Needs Assessment (JMNSA)** conducted by REACH, with support from the JMSNA working group coordinated by the ISCG, is an annual representative assessment completed for both the Rohingya refugees ([here](#)) and Bangladeshi host community in Ukhia and Teknaf ([here](#)). The 2019 JMSNA aimed to inform the design and implementation of effective inter-sectoral programming by providing information on the needs and vulnerabilities of affected populations. This is cited in text as ISCG 09/2019.

**Pilot Micro Political Economy Study (MPES)** conducted by IOM's Needs and Population Monitoring (NPM) and Communicating with Communities (CwC) units in December 2019. This focused on Rohingya refugee households in four camps (780 households surveyed). The study employed a random sample of 8 mahji blocks in camps 12, 18, 20 Extension and 24 to understand the micro economy of the camps, including an analysis of the different household types depending on size, gender of head of household, and disability. This is cited as IOM 12/2019. The study has not been published so no link is provided.

**The Vulnerability Study** conducted by ACAPS, with support from REACH and IOM's NPM unit. This used qualitative research methods (FGDs and KIIs) to gather data across 12 Rohingya refugee camps, along with secondary data to develop a nuanced picture of the dimensions of vulnerability in the camps. This is cited in text as ACAPS 12/2019.

## Limitations

Vulnerability analysis is multi-dimensional and complex (see dimensions of vulnerability [here](#)). This factsheet provides a top level analysis of basic household vulnerability and does not fully unpack all the nuances of vulnerability, such as compounding vulnerabilities.

The aforementioned studies used different approaches and definitions for the three vulnerable household types that are highlighted in this paper. Therefore, specific results per household types cannot be directly compared. However, when analysed together they can provide an overall conceptual understanding of vulnerability and highlight the household types that are consistently identified as facing more difficulties than others to meet their basic needs.

The long-term impact of the COVID-19 crisis is yet unknown as it is ongoing. Most of the researched include in this report occurred before the outbreak of COVID-19 in the camps and host community.

There has been limited in-depth research on vulnerability in the host community, especially across demographic groups and in Cox's Bazar district as a whole. More research in both Rohingya and Bangladeshi communities would help produce a more nuanced understanding of vulnerability in these contexts.

There is a lack of documented exploration of the cultural, economic, and political dynamics in the Rohingya refugee population, making it difficult to unpack the drivers of vulnerability in greater depth.

Illustrations by Sandie Walto-Ellery

## Overall vulnerabilities

Pre COVID-19 almost all Rohingya refugees (94%) were identified as highly or moderately vulnerable and in continued need of humanitarian assistance to meet their basic needs (WFP 12/2019). Host community households were found to be better off than refugee households across all dimensions of well-being, with 41% identified as vulnerable (WFP 12/2019). In both populations there, is a high level of unmet basic needs leading to poor wellbeing outcomes.

Both the JMSNA and the REVA 3 reported that Rohingya and host community households spend most of their money on perishable items, specifically food and medical care. This indicates that assistance provided in these areas is considered insufficient to meet their needs.

Among Rohingya refugees, the JMSNA found that 57% of households reported incurring debt to meet basic food needs, while 55% took on debt to cover health expenses. These findings were supported by the MPES, which found that 70.1% and 80.7% of Rohingya households borrowed money to cover food and medical costs respectively, with food being the largest expense, ranging from BDT 1,959 to BDT 3,170 per month (USD 23.1 to 37.4) (IOM 12/2019). The REVA 3 also found that 91% of Rohingya households resorted to negative coping mechanisms to address their needs and 46% of households remain economically vulnerable, with consumption below the Minimum Expenditure Basket (MEB) (WFP 12/2019). The COVID-19 containment measures which resulted in a reduction in livelihood opportunities, changes in assistance, and increase in barriers to assistance will likely result in an increase in crisis coping mechanisms, such as selling labour in advance, reliance on family and friends to meet their basic needs, and amplified dependence on humanitarian assistance that does not fulfil basic needs. This could lead to protection risks such as eviction, forced and/or exploitative labour, trafficking, child marriage, a decrease in overall health, and food insecurity and malnutrition.

For Bangladeshi households, prior to the pandemic, 61% relied on negative coping mechanisms, but the impact of COVID-19 containment measures drastically affected their ability to maintain their livelihoods (WFP 12/2019). Between March and early May, Bangladeshis in Ukhia reported an average monthly loss of BDT 8,400 (USD 99) per household, and 40% of urban households in Cox's Bazar Sadar lost their primary source of income (WFP 05/2020, 07/2020). Those that did not lose their income saw a significant drop in earnings, resulting in 90% of households adopting negative coping strategies and household vulnerability levels in urban areas doubling (WFP 07/2020).

All studies found access to income to be the key factor in reducing household vulnerability. This is not only the case in the host community, where households do not have access to large-scale blanket assistance, but in the camps as well, where humanitarian assistance alone is not enough to fulfil all basic needs. Among both

Bangladeshi and Rohingya communities, household types identified as facing the greatest barriers to income generation and meeting their basic needs are:

- Single female headed households and households without a working age male
- Households with at least one member aged five and above that require assistance to complete daily activities (people with disabilities, older persons, especially those who are heads of households, and people suffering from chronic illness)
- Large, economically vulnerable families, generally with more than five members

Vulnerability levels and poorer wellbeing outcomes were compounded in households that fit into more than one of the aforementioned categories (i.e., single female headed household with at least one family member above the age of five unable to support the household).



### Single female headed households and those without a working age male

According to the 2018 and the 2019 JMSNA, female headed households and households with no working age males in the camps are less likely to have an “acceptable” food consumption score (FCS) in comparison to male headed households. These households are also more likely to have a “borderline” or “poor” FCS (ISCG 09/2019).

Lower levels of wellbeing among Rohingya female headed household and households with no males of working age are predominately attributable to a mixture of sociocultural norms, governance structure within the camps, insecurity, gender-based violence and lack of gender-responsive facilities, and assistance and service delivery, which act as barriers to assistance and services for women (ACAPS, 12/2019;

UN Women, CARE, Oxfam 05/2020). The socio-economic impacts of COVID-19 resulted in the deterioration in safety and security for women and girls in the camps, with an increase in SGBV and decrease in access to protection services (UNHCR 06/2020). These barriers make female headed household and households with no males of working age harder to reach and forces them to adopt negative coping mechanisms, further reducing their already diminished wellbeing.

Rohingya female headed-household account for 16% of all households<sup>1</sup>, while numbers of single parents/caregivers remain low at 15,877 households with 90% of those led by women (ISCG 09/2020, UN Women, CARE, Oxfam 05/2020). It is useful to differentiate between female headed households and households without a working age male. Female headed households with a working age male, such as an adolescent son, are less vulnerable than those with no working age males (18-59) because young men are generally able to support their households by accessing income generating activities and distribution sites, and reducing their vulnerability to robbery and sexual assault (ACAPS 12/2019; ISCG 09/2019).

The JMSNA found that more than half (55%) the households in the camps with at least one male aged 18-59 reported that at least one adult member had worked in the last 30 days, compared to only 8% of households without a working age male (ISCG 09/19). The MPES found that male headed households were three times more likely to have a family member working as an NGO volunteer than single female headed households (IOM 12/2019).

The disproportionate level of vulnerability and hardship face by single female headed households is well recognised among the general Rohingya population who, when asked to rank different household types according to difficulty in meeting their needs, consistently identified them as worst off (ACAPS 12/2019). Cultural norms, the types of opportunities available, and the way such opportunities are made available in the camps all make it much harder for women to earn an income.

The MPES and the recent Aarar Dilor Hota<sup>2</sup> study on changing gender norms among the Rohingya explains that higher unemployment rates among Rohingya women can be partly explained by *purdah*<sup>3</sup> and the Rohingya understanding of *izzot* (honour).<sup>4</sup> Both Rohingya women and men tend to police practices of *purdah*, enforcing the separation of sexes and seclusion of women from public observation to affirm Rohingya collective identity, which has increased in importance post-genocide (IOM, UN Women 04/2020). However, this impacts Rohingya women and their opportunities for empowerment. A

woman's honour is carefully policed and evaluated through complex trade-offs that women make between upholding traditional values, Rohingya identity, and their need to engage in "less acceptable" practices such as non-traditional or masculine forms of work or non-gender segregated activities to meet their needs in the camp setting (IOM 12/2019; IOM, UN Women 04/2020).

According to Norwegian Refugee Council's (NRC) youth market assessment, a strong social network is needed to access work opportunities which are primarily sourced through current NGO volunteers, mahjis, friends, and announcements or circulars at CIC offices. CIC offices are mainly staffed by men and circulars are accessible only to those who are literate. Thus, those with smaller social networks and low levels of literacy are likely to be excluded from accessing job opportunities (NRC 12/2019)<sup>5</sup>. Consequently, female headed households and those without a male of working age are forced to sell their assistance, borrow money, and eat less food in order to meet their most pressing needs. They thus end up with less assistance overall (ACAPS 12/19; IOM 12/2019). These households are also less likely to have savings or assets that could prevent them from slipping into more extreme levels of poverty in the event of sudden shocks or changes in environment, such as the COVID-19 pandemic. The PMES, JMSNA and the REVA 3 all found that female headed households rely more on negative coping mechanisms to cover their expenses than male headed households, with households with no male members of working age revealing an even higher usage of negative coping mechanisms (ISCG 09/2019; IOM 12/2019; WFP 12/2019). Pre-COVID-19, Rohingya households led by men had more basic and medium assets compared to those led by women, and households led by women were more likely to use emergency coping mechanisms such as child labor, trafficking begging than those led by men (9% and 4% respectively) (WFP 12/2019). Households without a working age male were also less likely to make needed improvements to their shelters because they lacked the income to purchase labour and materials (ISCG 09/2019).

Women without adolescent or older male family members are more vulnerable to physical and mental security threats. Access to public facilities and services and movement around the camps is difficult for women and girls, with violence and harassment commonly reported. The youth led market assessment conducted by NRC in 2019 noted a lack of safety and security in the camps as one of the greatest barriers to women pursuing work outside the home (NRC 12/19)<sup>6</sup>. This also impacts the collection of assistance and interaction with essential services in the camps,

<sup>1</sup> The J-MSNA, 09/2019, for the specific definition of "head of household" it asks, "the individual who makes decisions on behalf of the entire household". Therefore, it is likely lower than the percentage found in other assessments that rely on the household composition described on any registration or assistance cards.

<sup>2</sup> Aarar Dilor Hota (Voices of Our Hearts) is a series of publications based on consultations conducted by IOM's CwC

<sup>3</sup> Purdah is a practice by which there is a separation of sexes and seclusion of women from public observation.

<sup>4</sup> Izzot represents a critical intersection of gender and power through which social reputations and actions are assessed, governed, and punished for non-compliance.

<sup>5</sup> Ferdouse, A, 2019, "Youth-led Market Assessment. Empowering the Youth to Tell Stories from their Community", NRC and UNHCR

<sup>6</sup> Ibid.

including water points, latrines, and bathing and washing facilities. WASH facilities are the most frequently reported areas where refugee women feel unsafe, and the second most frequently reported areas where host community women feel unsafe (ISCG 09/2019).

Households without a working age male in both Rohingya and Bangladeshi communities also have poorer access to information than households with adult males. Existing gender norms and the way information is commonly communicated puts women at a disadvantage. For example, information is often disseminated through authorities and governance structures or social networks dominated by men, such as tea stalls and mosques. Written communication is often inaccessible to women, who tend to have lower levels of education and are less likely to speak multiple languages (TWB 11/2018). While sharing information via microphones, tom-toms and other means was effective during the COVID-19 response, such mediums do not necessarily reach those with limited access to public spaces, such as single female headed households (IOM, ACAPS 04/2020). Lack of access to information increases household vulnerability as people are less able to receive information about employment opportunities, available services, or pertinent emergency messages.

The gender composition of Bangladeshi households also has implications for their access to essential services and livelihood opportunities. Like their Rohingya counterparts, female headed households, especially those without a working age male (9%) are more vulnerable and face poorer wellbeing outcomes than male headed households (ISCG 09/2019). The REVA 3 had similar findings in the host community, where a higher proportion of households headed by women (52%) are vulnerable compared to those led by men (38%) (WFP 12/2019).

Livelihood opportunities are minimal for female-headed households and households with no males aged 18-59. The Urban Assessment in Cox's Bazar Sadar during COVID-19 found that the combination of the discriminatory nature of the labor market, differential effect of lockdown-induced movement restrictions on women, and cultural factors meant that nearly half of all female headed households in Cox's Bazar Municipality were highly vulnerable, compared to a quarter of male headed households (WFP 07/2020). The 2019 JMNSA found that a small proportion of women in Ukhia and Teknaf were reported to have worked for an income in the 30 days prior to data collection: only 4% of all females aged five and above compared to 47% of all males within the same age range. For women who do work, there is a significant gender pay gap; the average daily wage for male agricultural workers is BDT 435, compared to BDT 350 for female agricultural workers (ISCG 09/2019).

The REVA 3 found that Bangladeshi households led by women resorted to borrowing food more often than households led by men. Moreover, host community households led by men are more likely to have basic and medium assets compared to those led by women,

which is positively associated with acceptable food consumption and the non-adoption of negative coping strategies (WFP 12/2019). Host community households without access to the government safety nets or humanitarian assistance are at extreme risk of slipping into extreme levels of poverty, especially female headed households and those with no male members. As female led households are more economically vulnerable, they are more susceptible to the negative impacts of COVID-19 containment measures or other shocks (CARE, OXFAM, UN Women 05/2020).

Like Rohingya women, social norms such as the practice of *pardah*, as well as the prevalence of gender-based violence, impact the access of Bangladeshi women and girls to essential services and their ability to meet their family's needs. Since the 2017 refugee influx host community women report further reductions to their freedom of movement due to fear of Rohingya refugees, overcrowding and lack of privacy exacerbating their fears of sexual and gender based violence (ACF, Save the Children and Oxfam, 2018). The deterioration of social cohesion and insecurity due to the increase levels of hardship brought about by COVID-19 containment measures has likely reduced mobility and feelings of safety for female headed households even further (UNWomen, CARE, Oxfam 05/2020).



### Households with at least one member aged five and above that require assistance to complete daily activities

Households with at least one member aged five and above that requires assistance to complete daily activities include households with elderly, disabled, or chronically ill family members. According to the JMNSA, REVA and PMES, these households are more expensive to run as they have additional expenses, particularly medical expenses, resulting in higher needs. They also have a higher dependency ratio, resulting fewer income opportunities. The combination of high dependency ratio, high needs, and fewer income generation opportunities results in a highly vulnerable household.



The REVA 3 found that the presence of at least one disabled or chronically ill household member was positively associated with a higher use of negative coping strategies, incurring significant healthcare costs, and a higher likelihood of forgoing earnings due to lost workdays by either the sick individual or the informal caregiver (WFP 12/2019). The September 2019 JMSNA found that these Rohingya households were more likely to report having incurred new debts (borrowed money or purchased items on credit) in the 30 days prior to data collection. The proportion of such households reporting incurring health or medical expenses was roughly 20% higher than other household types (ISCG 09/2019). These findings are supported by the PMES, which found that though these households have comparable income and expenditure, they spend an average of 45% more on medical expenses and thus have less money to spend on other needs (IOM 12/2019). Households with at least one member aged five and above that requires assistance to complete daily activities were also more likely to claim that specific treatments they require are not available at free humanitarian clinics and that they had to seek private medical services outside the camps (IOM 12/2019).

Host community households reporting at least one member aged five and above requiring assistance to complete daily activities were 5% more likely to report health or medical expenses in the 30 days prior to data collection compared to households reporting no members requiring assistance to complete daily activities (ISCG 09/2019). This suggests that such households incur additional expenses to manage care for these individuals.

For both population groups, compounding vulnerabilities, such as a female headed households with at least one member requiring assistance to complete daily activities, were negatively associated with participation in income-earning opportunities. Furthermore, households headed by women who had at least one disabled member were more prone to borrowing food (61%) compared with households with a disabled family member headed by men (38%) (WFP 12/2019).

### Large, economically vulnerable families, generally with more than five members

Depending on the age and sex of its members, larger households can be assumed to have more people to help with chores, collect assistance, and access livelihood opportunities. However, the MPES study found that as household size in the Rohingya camps increased, wealth per capita decreased. Although these households have the capacity to earn more money, their cost of living outweighs their earnings and as such, they are more likely to take on debt. Larger Rohingya households, with 10-12 members, of which 70% or more are children under 18, had the highest need for cash for additional expenses (IOM, 12/2019). The ACAPS vulnerability study found that Rohingya participants noted as the number of household members increases, other forms of scarcity also

increase. In conversations about poverty, families with many children were commonly reported to be among the poorest (ACAPS 12/2019).

In both Rohingya and Bangladeshi communities, large families with a single parent (especially female-headed) or a small number of adults are most vulnerable (WFP 12/2018; WFP 12/2019). Larger households and households with high dependency ratios tend to be more vulnerable with respect to food security (WFP 12/2018; WFP 12/2019). Until recently, food distribution packages in the camps were based on household size brackets, not total number of individuals. Household at the higher end of each bracket struggle more with the amount of food they receive and are more likely to rely on harmful coping mechanisms to reach an adequate level of food consumption (WFP 11/2017; WFP 12/2018, WFP 12/2019). Additionally, households in both communities with a greater number of members reporting illness were more likely to borrow money, with debts mainly used to meet health-related costs. This correlation is stronger for larger households with other compounding vulnerabilities, such as large households led by women (WFP 12/2019).

While three of the four studies evaluated found these households were more financially vulnerable, the JMSNA did not find a strong statistical relationship between household dependency ratio and worse outcomes on key wellbeing indicators such as FCS for either the host community or Rohingya refugees (ISCG 09/2019). However, the JMSNA did find that in the host community, larger households were less likely to have sufficient access to water for drinking, cooking, and washing (ISCG 09/2019).

