



Refugee influx Emergency Vulnerability Assessment (REVA)

Cox's Bazar, Bangladesh

Summary Report

Data collection supported by:





Introduction

As a response to the Rohingya crisis, and to monitor progress of the humanitarian response to the crisis, the WFP Vulnerability Analysis and Mapping (VAM) team in Cox's Bazar conducted the third Refugee influx Emergency Vulnerability Assessment (REVA) in December 2019. The main objectives of the assessment were as follows:

- Assess the severity of food insecurity and other essential needs of Rohingya refugees and communities adjacent to the camps, including trends since the influx;
- Profile the food insecure and the most vulnerable groups and examine trends since the influx; and
- Provide insights on addressing priority needs and targeting.

This technical summary report discusses the main findings of the assessment

Overall vulnerability

Three composite indicators have been used to gauge vulnerability levels in the camps and within the host community: food consumption score, the adoption of high-risk coping strategies, and the economic capacity to meet essential needs (ECMEN).

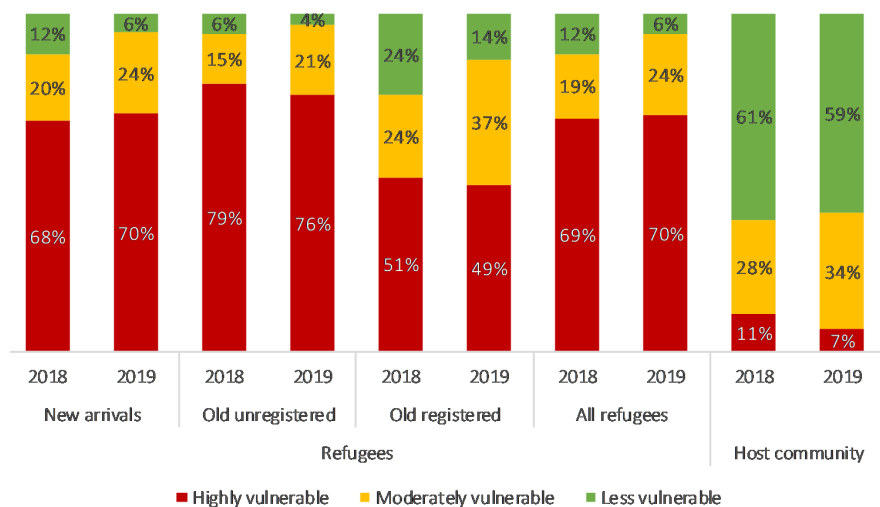
Levels of vulnerability remain high: **94 percent** of all Rohingya refugees are highly and moderately vulnerable and in continued need of humanitarian assistance to meet their basic needs.

Multiple factors continue to drive high vulnerability including limited livelihood opportunities, restrictions on movement to search for income opportunities, depleted savings and asset stripping. Increasingly, Rohingya refugees are adopting unsustainable coping mechanisms, which exacerbate vulnerability. High vulnerability levels continue to be seen among unregistered refugees who arrived before August 2017 and new arrivals. Registered refugees are comparatively better off due to better access to economic and livelihood opportunities and fewer restrictions on mobility.

Host community households are better off than refugee households across all dimensions of well-being. The vulnerability levels of the Bangladeshi households remain comparable to 2017 and 2018, at 41 percent. A higher share of households led by women are vulnerable (52 percent) than those led by men (38 percent). Empirical studies in rural Bangladesh offer strong evidence of the link between women's vulnerability and socio-cultural factors.

As noted in the 2018 REVA, economic vulnerability is the major driver of food insecurity: almost half of the refugee population have consumption below the minimum expenditure basket (MEB), even with current levels of humanitarian assistance. Limited economic and livelihood opportunities, geographical isolation and limited access to alternative markets are some of the factors underpinning this outcome.

Figure 1: Overall vulnerability to food insecurity



Who are the most vulnerable?

The REVA examines vulnerability along the socio-economic and demographic characteristics of the populations (table 1).

Among the Rohingya refugees, the following household characteristics are associated with high levels of vulnerability: large household size (>5 members), presence of many children, presence of adolescent boys and girls, absence of working-age males, and presence of chronically ill and disabled members.

The absence of working-age males in the family implies lower household networking and earning capacities in the typically challenging conditions of the camp economy.

Households with chronically ill members incur significant healthcare costs and are likely to forgo earnings if work days are lost by the sick individual or informal caregivers. Discussions with community members supported these assertions.

Access to at least one income source through engagement in a livelihood activity or via remittances is a sure pathway towards reducing vulnerability.

Table 1: Characteristics of the most vulnerable households

Profiles of the vulnerable and highly vulnerable	Rohingya	Bangladeshi
Demographics		
Female-head households		x
Presence of adolescent boys	x	
Presence of adolescent girls	x	
Large households (+ 5 members)	x	x
Presence of chronically ill	x	x
Household head separated		x
Presence of disabled		x
Presence of under 5 children (+ 3 under 5)	x	
Many children (+ 5 children)	x	x
Economic capacity/coping		
Absence of working age male	x	
Presence of working age female		
Household with no income source past 30 days	x	
High dependency ratio (>2)	x	x
No remittances	x	
Incurred debts/borrowing	x	
Assets		
Basic assets	x	x

x- correlations that were statistically significant at 5% level of significance

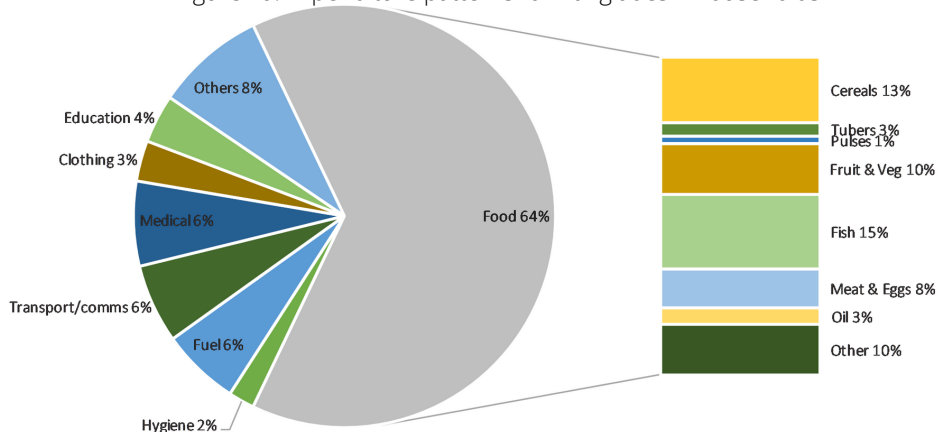


While there are no stark differences in vulnerability between refugees receiving in-kind assistance and those receiving e-vouchers, the latter have better food access and dietary diversity and are less likely to be involved in negative coping mechanisms such as selling assistance. The receipt of e-vouchers also appears to reduce the likelihood of a household perceiving themselves as poor: when asked to self-assess their level of well-being, 15 percent of refugee households on e-vouchers rated themselves as well off, compared with 10 percent of those receiving in-kind assistance.

Among the Bangladeshi community, vulnerable households have similar demographic and socio-economic characteristics, although they make up a significantly smaller share of the population than among the Rohingya refugees. To mitigate the potential negative impacts of the influx, humanitarian actors and the Government of Bangladesh have responded with increasing investments in economic and livelihood opportunities for the host community.

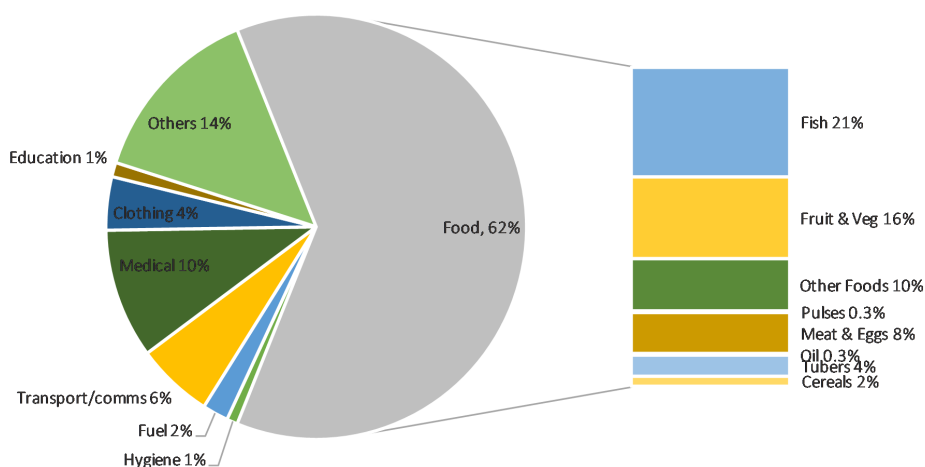
Expenditure patterns and economic vulnerability

Figure 2a: Expenditure patterns for Bangladeshi households



Similar expenditure patterns are observed for both Rohingya and Bangladeshi households, with a disproportionately high share of monthly expenditure on food – over 60 percent (figures 2a & 2b). The major food expenses for the refugee households are fish (21 percent of total food budget), fruit and vegetables (16 percent), and meat and eggs (8 percent).

Figure 2b: Expenditure patterns for Rohingya households (excluding assistance)



Actual expenditure on fuel has significantly dropped from 14 percent in 2018 to a mere 2 percent, which can be attributed to the scale-up of liquid petroleum gas (LPG) distribution as part of the assistance provided. Of concern is the relatively high expenditure by refugees on healthcare.

If the estimated value of food assistance is factored in as an indirect expenditure for the Rohingya, the share of their expenditure dedicated to food rises from 62 percent to 72 percent. This further underscores the high levels of vulnerability among the refugees, as this share is approaching the severe economic vulnerability threshold of 75 percent.

Economic vulnerability

Economic vulnerability is prevalent among the Rohingya refugees. Even with current level of humanitarian assistance, 46 percent of refugee households remain economically vulnerable, with consumption below the MEB (figure 3a). Registered refugees are relatively better off, as 7 out of 10 households have consumption above the Minimum Expenditure Basket (MEB).

The simulated scenario (figure 3b) underscores the importance of humanitarian assistance. If it was withdrawn, the share of refugee households with consumption below the Food MEB (or Survival MEB) and MEB would rise to 92 percent (7 percentage points more than in 2018). With depleted savings and no alternative income sources in sight, refugees would be much worse off without assistance.

Economic vulnerability is comparatively low among Bangladeshi households. The potential negative impacts of the influx on the host population have been mitigated by the scale-up of development assistance to the affected regions by the Government and humanitarian actors.

Figure 3a: Socio-economic vulnerability (including value of assistance)

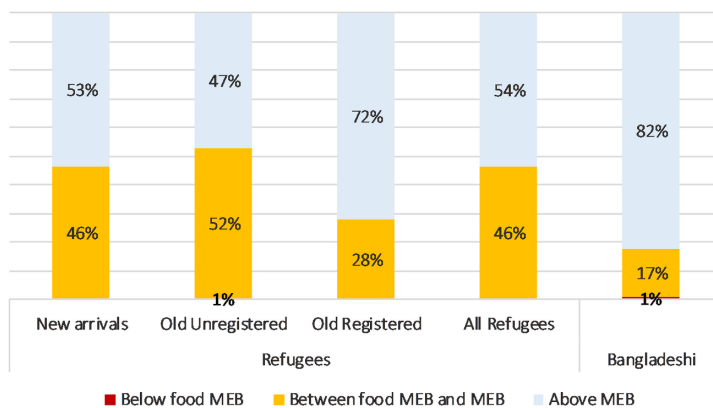
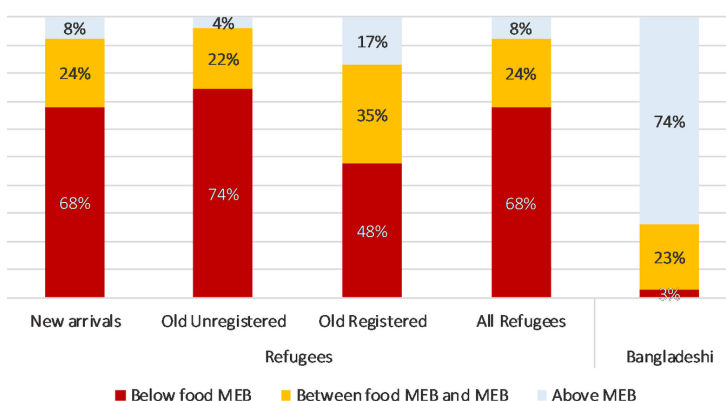


Figure 3b: Socio-economic vulnerability (excluding value of assistance)



Income sources

Access to income opportunities is a key driver of improved well-being at the household level. Over 90 percent of Bangladeshi households reported earning some income in the 30 days prior to the survey compared with 66 percent of Rohingya refugees (figure 4). If the sale of assistance is excluded as an income source, the share of refugee households reporting income falls to 49 percent. Presence of an income source is significantly correlated with non-adoption of negative coping mechanisms and lower levels of vulnerability. Casual labour and unskilled wage labour within the camps are the most common sources of income for Rohingya households, activities related to the increased presence of humanitarian agencies and through cash-for-work programmes run by these agencies. Across all income streams, Rohingya refugees work fewer days (12 per month) than Bangladeshi households (23 per month).

Figure 4: % of households participating in different livelihood activities and number of days worked/month

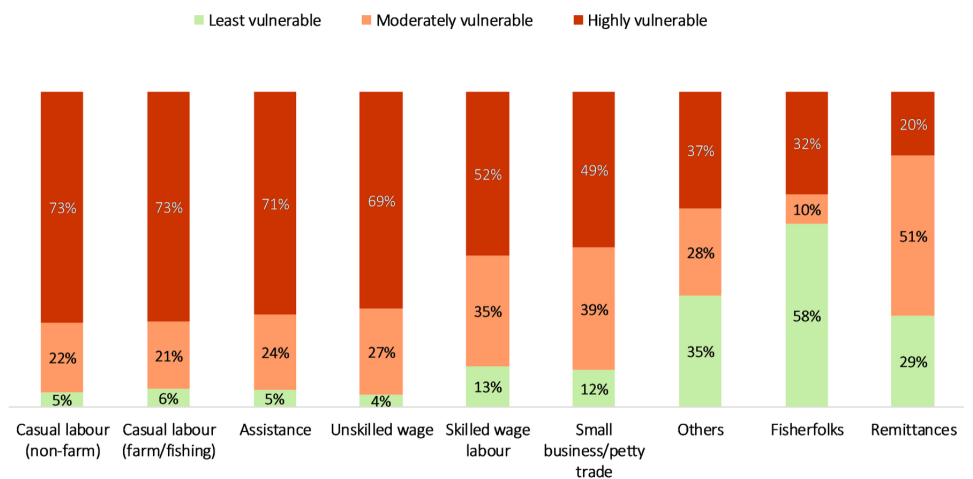
	Rohingya		Host community	
	% of households	Average days worked/month	% of households	Average days worked/month
Small business/petty trade	10%	23	23%	25
Casual labour (farm/fishing)	4%	12	19%	22
Skilled wage labour	5%	16	8%	21
Casual labour (non-farm)	36%	9	22%	20
Unskilled wage	26%	9	8%	20
Fisherfolks	1%	14	10%	19
Assistance	17%		2%	
Remittances	1%		1%	
Others			8%	

The nature of income is important for reducing vulnerability (figure 5). Seventy percent of Rohingya households with income noted it was temporary in nature. Refugees with access to regular or reliable sources of income such as small business/petty trade and skilled wage labourers had lower levels of vulnerability and better consumption outcomes. Among the host community, households relying on temporary income sources were also found to have higher vulnerability. With no universal assistance like for refugees, the role of public works investments in the host community becomes even more important.

Across the different income streams, the daily wage rates of Rohingya refugees are 30 to 40 percent lower than those for the host community.

Average monthly household income for the host community (13,228 BDT) is almost four times that of Rohingya households (3,535 BDT). Refugees earn less because they work fewer days, receive lower daily rates and face restricted work opportunities. The monthly earnings of refugee households led by men (3,643 BDT) are significantly higher than those led by women (3,186 BDT).

Figure 5: Income source by refugee vulnerability status



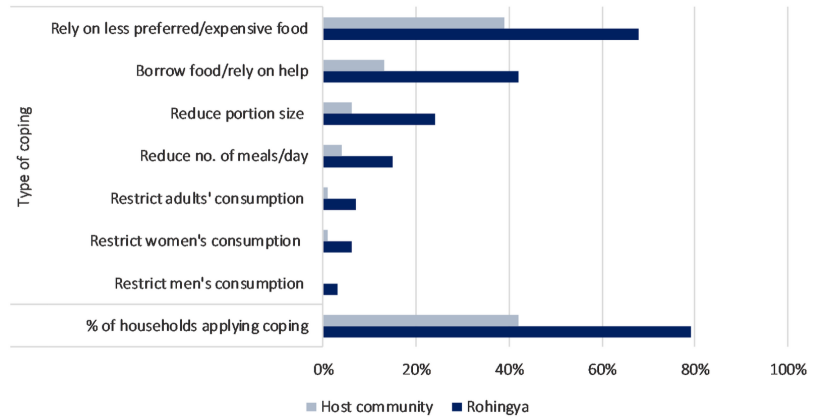
WFP/Gemma Snowden

Coping mechanisms

About 8 out of 10 refugee households, and 4 out of 10 host community households were using consumption-based coping to deal with food shortages. 68 percent of refugee households and 39 percent of Bangladeshi households resorted to relying on less preferred and less expensive foods (figure 6).

Borrowing food or relying on help from friends or family was also very common practice among refugee households, with 42 percent of households engaging in this strategy. Refugee and host community households headed by women resorted to borrowing food more often than households headed by men.

Figure 6: Consumption-based negative coping strategies



Emergency coping

6%
(-4%)

4%

Crisis coping

67%
(+12%)

32%
(+12%)

Stress coping

17%
(-9%)

25%
(-18%)

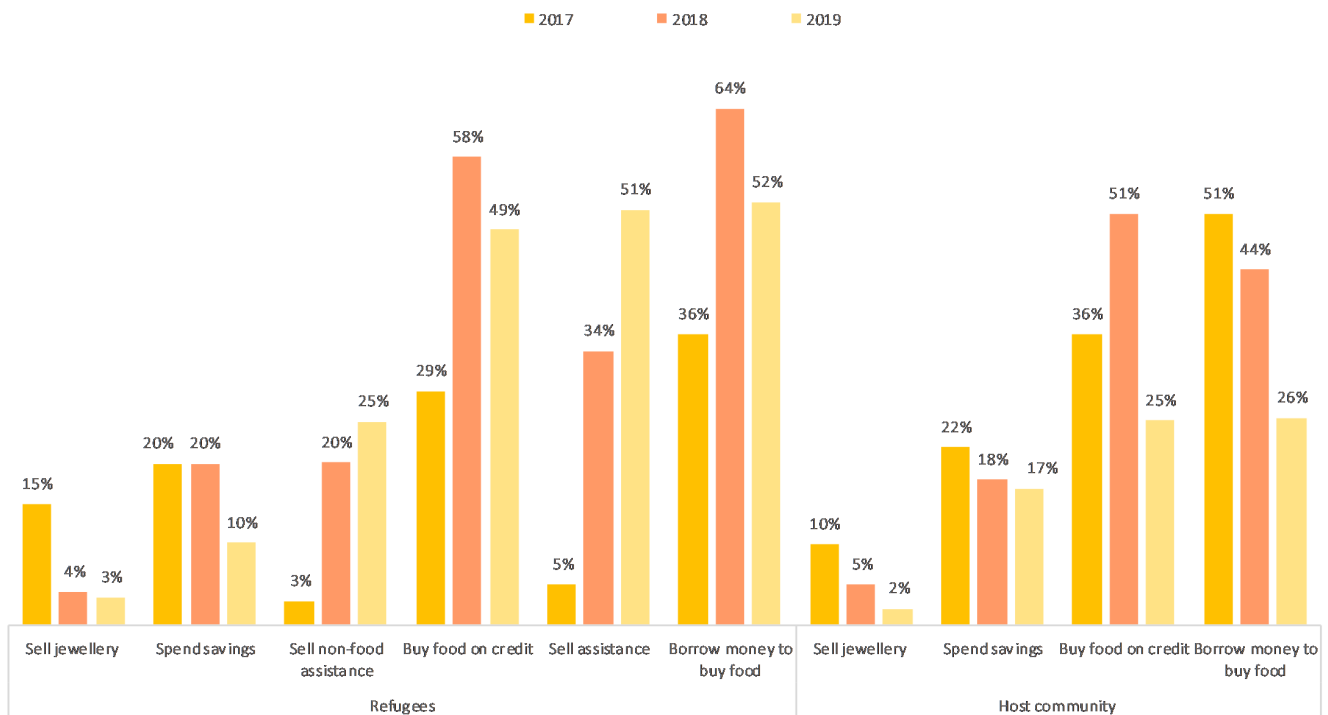
No coping

10%
(-1%)

39%
(-5%)

With regard to livelihood-based coping, 91 percent and 61 percent of refugee and Bangladeshi households respectively adopted them. The share of refugee households adopting crisis coping strategies rose from 54 percent in 2018 to 67 percent in 2019. For refugees, the most frequently used livelihood coping strategies in 2019 were borrowing money to buy food, selling assistance, relying on support from friends and family, and buying food on credit. Half of the refugee households had resorted to these coping mechanisms during the 30 days before the survey (figure 7). Other strategies included reducing non-food expenditures and selling non-food assistance. More refugee households led by men resorted to crisis coping strategies (69 percent) than those led by women (63 percent). By contrast, the use of emergency coping mechanisms was higher among refugee households led by women (9 percent) than those led by men (4 percent). While both types of household face the harsh economic environment in the camps, those led by women seem to be feeling the effects more, potentially driving them to use more emergency coping strategies.

Figure 7: Trends in the use of livelihood coping strategies

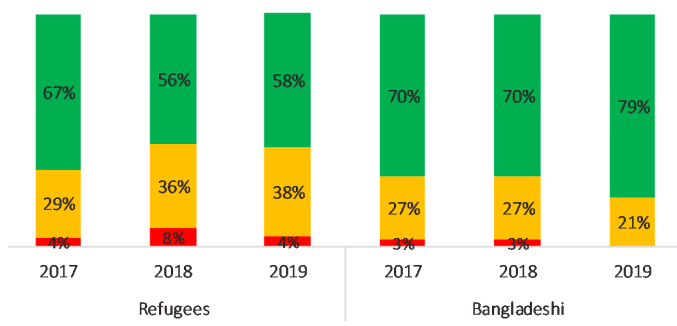


Compared to refugee households, Bangladeshi households' resort to livelihood coping strategies less frequently. Spending savings was the only strategy they used more frequently than the refugees, clear evidence of their recourse to saving.

Food consumption

Food consumption outcomes for the Rohingya refugees remained comparable to 2018: around 42 percent of households have unacceptable food consumption (figure 8).

Figure 8: Trends in food consumption score



A marginal improvement was observed for those with poor consumption outcomes (a reduction from 8 percent to 4 percent). Universal food assistance (e-vouchers and in-kind) is playing a critical role in sustaining current consumption outcomes.

Concerns remain about the quantities of food consumed and quality of diets, as refugees continue to record poor levels for both indicators. Among the host community, the proportion of households with acceptable consumption outcomes improved slightly from 70 percent in December 2018 to 79 percent in December 2019.

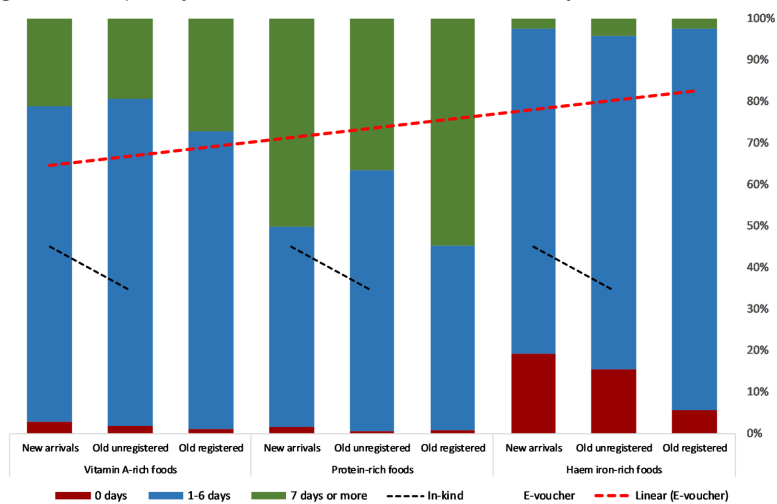
Dietary diversity

Rohingya and Bangladeshi households exhibit similar dietary patterns, with staples (mainly rice) dominating the diet and consumed daily, the same as oil. Pulses are consumed more by refugees, as they constitute part of the assistance package. Bangladeshi households have better access (both physical and economic) to fish, meat and vegetables. On average, refugee households consume 5 food groups every day compared to 5.4 groups recorded for the host community. While dietary diversity (number of food groups consumed) may seem satisfactory, it masks low access to nutritious foods especially among the refugee households: fish and eggs are consumed in very small quantities, while the consumption of meat, fruits and dairy is negligible.

Refugees' intake of micronutrients is low (figure 9). Analysis of variance showed low consumption of iron-rich foods: the share of households who did not consume any iron-rich foods during the seven days before the survey was higher among new arrivals (19 percent) and unregistered refugees (15 percent) than among registered refugees (6 percent).

E-voucher beneficiaries are more likely to consume micronutrients more frequently than in-kind beneficiaries. The WFP retail outlets provide better access to fresh vegetables, fish and eggs, which is translating into improved consumption of vitamin A and protein-rich foods. E-voucher beneficiaries were found to have significantly better access to foods rich in vitamin A. Even so, the quantities consumed of these foods are small. Access to any type of income was also found to enhance the likelihood of consuming micronutrient-rich foods.

Figure 9: Frequency of access to micronutrient foods by assistance modality



Initiatives taken to boost intake of more nutritious foods and to increase choice:



A farmers' market initiative has been established to improve access to good quality fresh food (vegetables, fish), and to link smallholder farmers with micro and medium retailers, who provide fresh produce from the host communities to the refugees.



Fresh food corners have been introduced in five WFP retail outlets since mid-2019; the initiative is currently being scaled up.



Vulnerable households receive a targeted unconditional top-up of USD 3 per person to support access to fresh produce (vegetables, live fish and chicken) at farmers' markets or the fresh food corners.

Multi-dimensional deprivations

The multi-dimensional deprivation index (MDDI) is a composite score of poverty or deprivation. In this study, the five dimensions deemed critical for Rohingya refugees and the Bangladeshi host community are considered to be food access, education, health, living standards and income (figure 10).

Households classified as 'multi-dimensionally poor' (MDpoor) suffer deprivations in at least two of the five dimensions measured by the index. Among the Rohingya refugees, 47 percent were found to be multi-dimensionally poor (MDpoor) compared with 23 percent of the host community.

Income: The major dimension of deprivation among the Rohingya is income, largely explained by legal restrictions which prevent families from accessing secure and regular employment. In this dimension the gap between the two communities is largest (almost 40 percentage points), mostly because the employment restrictions do not apply to Bangladeshi households. Nevertheless, 21 percent of host communities and refugee households alike have to contend with erratic and unsustainable labour opportunities, indicating that income deprivation is also significant for host communities.

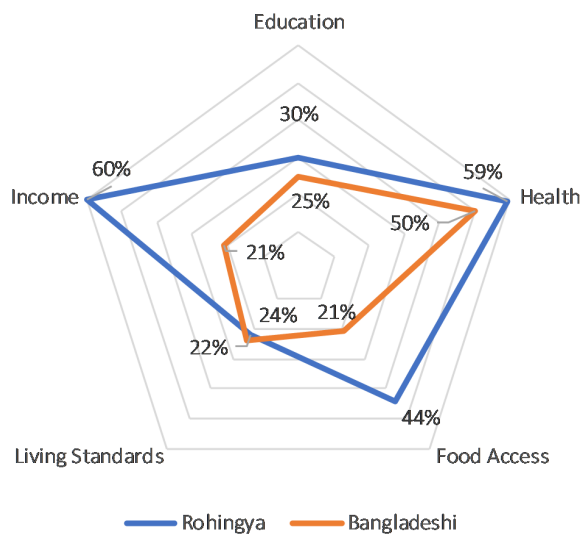
Health: While there has been a scale-up of health-related assistance, health remains the dimension of greatest deprivation for the Bangladeshi community, faced by 50 percent of households. Among the Rohingya, the health-related poverty affects 59 percent, the second largest proportion across all the dimensions.

Food access: Within the Rohingya population, 44 percent face food access deprivation, partly driven by constraints on access to food items not included in the assistance package. This in turn may be linked to other patterns such as the sale or exchange of food assistance and increased reliance on less expensive/less preferred foods at the expense of dietary diversity.

Living standards: Among Rohingya households, the level of deprivation in living standards is 22 percent, which is much lower than other deprivation scores. A key reason for this result is the scale-up of LPG distribution in 2019, which has made cooking fuel far more accessible and allowed families to reallocate the savings to other essential needs. Other initiatives, including the construction of new, more spacious shelters and improved infrastructure in the camp, have also contributed to the improvement in this dimension.

Education: Deprivation in education is 30 percent in refugee communities, the second lowest across all dimensions. This is mainly explained by improvements made to educational infrastructure over the past 12 months. Inside the camps, there has been an increase in the number of learning centres. In mid-2019, a curriculum was approved for use in the learning centres inside the camps. For the host community, there was little disturbance to children's learning at the time of data collection in 2019. Also, most of the humanitarian actors that have been supporting children's learning initiatives in the camps have spread their support to schools within the host community. Nevertheless, deprivation in other dimensions, particularly income, still puts pressure on families to take their children out of school for financial reasons.

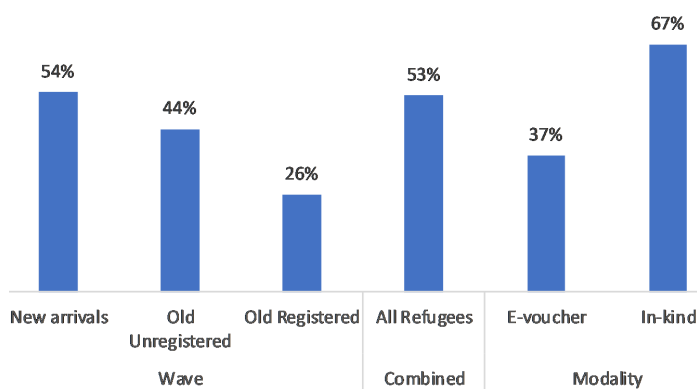
Figure 10: Proportion of deprived households by deprivation dimension





Assistance

Figure 11: Sale or exchange of assistance by displacement wave and assistance modality



Five out of ten refugee households sold or exchanged part of their food assistance within the past 30 days prior to the survey (figure 11). The major reasons given by respondents for selling or exchanging assistance included to purchase other foods such as dry or fresh fish, meat, eggs and leafy vegetables; and to meet other non-food expenses such as health costs or debt payments.

Newly arrived refugees were more prone to selling assistance than longer term camp residents, indicating the stark difference in their access to income streams. The non-adoption of negative coping strategies and access to an income were found to have a strong correlation with lower levels of sale and exchange of assistance.

A clear difference was seen in terms of transfer modalities: 37 percent of households receiving e-vouchers had sold/exchanged a portion of their assistance compared with 67 percent of those receiving in-kind assistance.

The programmatic decision taken by WFP to transition all refugee caseloads to e-vouchers is expected to further reduce the use of this negative coping strategy. Coupled with the introduction of farmers' markets and fresh food corners in the retail outlets, refugee households will be able to access diversified food items not previously available.

There are clear differences in the patterns of resale/exchange of food items by assistance modality. In-kind beneficiaries sell/exchange between 20 and 40 percent of their rations, mainly lentils (less preferred food), oil and rice. Those on e-vouchers mainly sell/exchange rice, oil and, to some degree, eggs. New arrivals sell a smaller proportion of rice (14 percent of the entitlement received) compared with registered refugees (19 percent). This could be the result of WFP's decision to introduce rice-capping, after the 2018 REVA identified high sales of rice. At the time of the 2019 survey, the rice cap had only been introduced in camps accommodating new arrivals. The sale of oil has increased (especially after the rice cap was introduced) among those on e-vouchers, denoting a substitution effect.

Households who received complementary food vouchers were found to be less likely to sell/exchange a portion of their assistance. Similarly, participating in cash or food for work/training activities significantly reduced the probability of a household selling assistance and was positively correlated with lower vulnerability. The scale-up of community services and cash-for-work initiatives and the provision of complementary food assistance services has great potential for reducing the use of negative coping strategies.

Characteristics of households who sell/exchange part of their assistance



Members with a chronic illness



Absence of income or dependence on temporary income sources



Members with disability



Inability to meet essential needs



Head of household who is divorced/widowed



Presence of single mother/parent



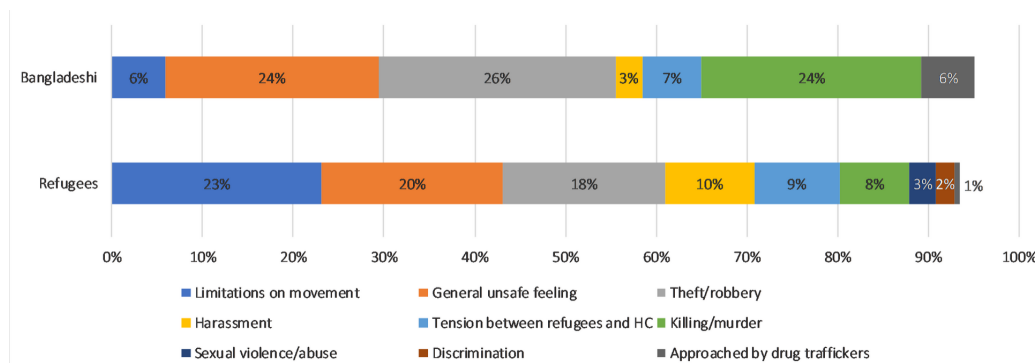
Absence of working-age males

Protection

There were fewer episodes of insecurity in the host community in 2019 compared to 2018: around 29 percent of Bangladeshi households reported having indirectly experienced episodes of insecurity, compared with 36 percent the previous year. By contrast, episodes of insecurity appear to have increased within the Rohingya community; they were reported by 15 percent of households, up from 6 percent in 2018.

For Rohingya households, limitations on movement, generally feeling unsafe and theft/robbery are the most prevalent insecurity incidents (figure 12). Theft/robbery, killings/murder and generally feeling unsafe are the major security concerns in host communities. Newly arrived refugees and households led by women reported facing more harassment, which restricts movement in the camps especially for the latter. Tension was reported between newly arrived refugees and the host community, due to a perceived increase in competition for resources by the host community.

Figure 12: Main security concerns of interviewed households

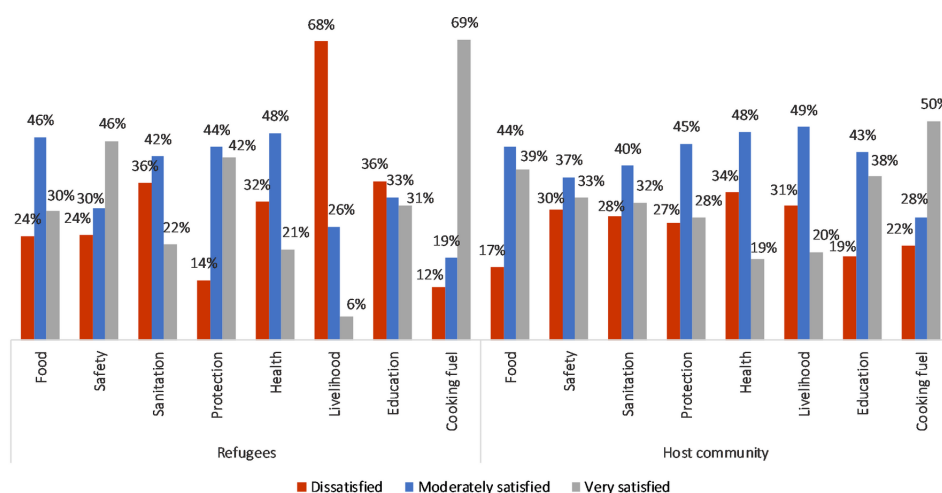


Satisfaction with how needs are being met (happiness)

Three years into the refugee response crisis, it was important to understand how well respondents felt the various services provided by humanitarian actors and the Government were meeting their needs. This information is meant to support improvements in services and accountability through two-way communication with those receiving assistance.

By contrast, almost 7 out of 10 Rohingya households expressed dissatisfaction with how livelihood activities were being addressed, either in terms of the scope of these activities or the selection process of participants. Education, health and sanitation were some of the other areas with relatively high levels of dissatisfaction among Rohingya households. Of those who reported incurring debts, 29 percent said they were borrowing to cover healthcare costs.

Figure 13: Level of satisfaction with how household needs are being met



Negative perceptions of healthcare continue to drive many households away from health facilities; households reported incurring high costs for medication that was not available in the humanitarian facilities.

Seven out of ten Rohingya households were very satisfied with how their cooking fuel needs were being met, as were 5 out of 10 host community households (figure 13). The host community may use a variety of cooking fuel sources but for refugees, it is evident that the scale-up of LPG distribution has brought about satisfaction in the absence of alternative sources of energy. The scale-up has boosted reforestation programmes by reducing demand for firewood and has saved households time and the risk involved with searching for firewood from the forests.



WFP/Saikat Majumder

Conclusions

As the Rohingya crisis evolves and becomes more protracted, it calls for a review of the response modalities. Needs are increasingly becoming diverse and complex, necessitating a rethink of the response strategies, placing greater emphasis on strengthening linkages between sectors, with a drive towards an integrated approach to provision of essential needs of the affected populations.



Food assistance

Vulnerability levels remain persistently high which calls for the need to continue blanket food assistance for the Rohingya refugees. Due to differences in levels of vulnerability, complementary assistance (e.g. unconditional top-ups) remain critical for the most vulnerable households to help them bridge the food MEB gap. However, the new adjusted transfer value of the e-vouchers entitlement remains up to 25 percent short of the food MEB. To bridge this gap, targeted enrolment of refugee households into other complementary assistance programmes such as cash-for-work and self-reliance activities, giving priority to households with multi-layered vulnerabilities, remains key.

Efforts are continuing to increase access to fresh foods through fresh food corners in e-vouchers outlets and the farmers' market initiative, though the number of these facilities remains low.

Considerations are also in place to increase product varieties (meeting consumer tastes and preferences). As the transition to e-vouchers continues, options that could be piloted to encourage multiple visits and allow refugee households flexibility in their purchasing behaviours include:

- Enabling e-voucher balances at the end of the month to be carried over to the next month (increase the voucher validity period); and
- Exploring the possibility of allowing beneficiaries to redeem entitlements from any retail outlet or from those closest to their home in order to address the distance problem reported by beneficiaries.

As the sale and exchange of assistance is driven by the desire for other food and non-food items, considerations on piloting an expansion of the multi-wallet system (which currently covers LPG and soap only) to cover other essential goods and services provided by the humanitarian agencies remains an option.

Reviewing the porter system to ensure that it functions properly and that services reach those most vulnerable in greatest need of this support is necessary, including checking for and mitigating any potential abuse of the system. A coordinated mechanism by humanitarian actors for identifying the most vulnerable people who require additional support can also help address some of the challenges.



School feeding (refugees and host community)

Provision of nutritious food (micronutrient-fortified biscuits) to children in schools and learning centres, has been shown to have a positive impact on children's attendance and health outcomes and ought to be continued.



Nutrition

As micronutrient intake remains low, and diets continue to be monotonous, it calls for more efforts in nutrition-sensitive programming. Scaling up existing programmes (e.g. homestead vegetable gardening and small livestock production) that promote the production and consumption of nutrient-dense foods is an option. Increasing the availability of food items rich in vitamin A, proteins and most importantly haem iron in the e-vouchers outlets and through the farmers' market initiative would help boost micronutrient intake. Continuing the efforts in nutrition messaging and social behavioural change communication (SBCC) in camps and host communities with partner organizations is also necessary.



Monitoring and further studies

Close monitoring of households' purchasing behaviours and food utilization is important to generate evidence for programme redesign. Monitoring the new initiatives such as the rice capping and farmers' markets and conducting evaluation to understand their impacts is necessary.

Continuous market monitoring, for price and commodity availability, is necessary to inform changes in the food baskets and price setting in the WFP retail outlets.

Close monitoring of the effects of the LPG scale-up, and its impacts on household vulnerability and food security is necessary. Undertaking a study on food utilization practices at the household level and intra-household decision-making attributes would help understand factors hindering improvements in food consumption outcomes.



Skills development

Scaling up of vocational and skills training, socio-economic empowerment initiatives and self-reliance activities mainly targeting the youth and women both in the camps and host community is critical, to enable access to economic opportunities.



Protection and social cohesion

As protection related challenges like theft/robbery, harassment, and tension between refugees and host communities are still prevalent, strengthening of protection measures and mechanisms that have been put in place to address these challenges are needed. Furthermore, the need for interventions that aim to create social cohesion and peace within the camps and between the camp and host communities should continue to be explored.



Self-reliance (refugees) and livelihood opportunities (host community)

As demonstrated throughout the report, access to alternative income beside assistance is vital to reducing vulnerability. As such, self-reliance programmes for refugees should be scaled up to help reduce their economic vulnerability.

For the host community, continuing to scale up economic and livelihood support initiatives will assist in mitigating the potential impacts of the influx. This scale-up requires a well-coordinated effort to avoid duplication and ensure wider geographic coverage, and to the extent possible, should be aligned with the Government's development blueprints and strategic priorities. To this end, a landscaping exercise to map all social safety net programmes in the host community will be fundamental. There is also the need for further research into and mapping of enterprises that respond to market demand and have viable value chains.

Other sectors



Health

In order to change perceptions on available health service provision and available medicines in the clinics in the camps, increasing sensitisation will be paramount. Increasing the availability of essential medicines in the camp health facilities to cover the treatment of the most prevalent diseases could also boost the camp population's confidence in the facilities. There is a need to undertake a qualitative survey or sector analysis to better understand current gaps, households' health seeking behaviour and reasons for high expenditures on healthcare.



Sanitation

To address the refugees' concerns over sanitation, increasing latrine facilities and ensuring regular checking and maintenance of non-functioning facilities to respond to the needs prioritized as most serious by refugees is needed. Furthermore, expanding sensitization and awareness campaigns on handwashing and increasing the number of handwashing stations in accordance with the number of refugees using the facilities will be key. Access to latrines and health centres could be increased as part of cash for work / food for assets activities.



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