



Refugee influx Emergency Vulnerability Assessment (REVA)

Summary Report - May 2019



World Food Programme

Data collection supported by:





Overall vulnerability to food insecurity

Over one year into the largest influx of Rohingya refugees in Cox’s Bazar, their levels of vulnerability¹ remain high. As of December 2018, **88 percent** of the overall Rohingya population remains highly to entirely relying on **life-saving assistance**. This equates to approximately 802,000² Rohingya individuals being vulnerable or highly vulnerable. The vast majority of them are fully dependent on external assistance.

Older unregistered refugees and new arrivals show the highest levels of vulnerability to food insecurity, with 94 and 88 percent respectively. The situation is slightly better among the old registered refugees. The REVA1 report (December 2017) noted that the food security status of the new arrivals, including those considered “less vulnerable” at the time, could quickly deteriorate once their savings and assets are exhausted. REVA2 confirms that the coping patterns of the Rohingya refugees have changed: after having depleted their assets (jewellery, savings) an increased share of households sold part of the food assistance received (at least 40 percent) and/or borrowed money to meet their food and other essential needs (70 per cent).

VULNERABILITY CLASSIFICATION ¹	New arrivals (arrived since 25 August 2017)	Old unregistered refugees (arrived before 25 August 2017)	Old registered refugees (arrived before 25 August 2017)	Total Rohingya population	Bangladeshi host communities
Highly vulnerable	68%	79%	51%	69%	11%
Vulnerable	20%	15%	24%	19%	28%
Less vulnerable	12%	6%	24%	12%	61%

Vulnerability among host communities remains high at around 40 percent as in 2017.

Economic vulnerability remains the main driver of food insecurity, with 78 percent of Rohingya households unable to meet the monetary value needed to cover their essential needs, and around 60 percent with expenditures falling below the actual value of the food basket. Savings and resources generated from assets-sales that Rohingya refugee households have primarily relied upon in the past 12 months, have by now been at least partially or totally depleted. The majority of the Rohingya refugees view food assistance as the main, if not the only resource to access all their essential needs.

Inadequate food consumption affects around four in ten Rohingya refugee households, with the highest rates witnessed among the old unregistered refugees (50 percent) and new arrivals (44 percent).

As assessed in 2017, **three in ten Bangladeshi households do not have an acceptable diet**.

Among the Rohingya refugees, female-headed households, households with disabled or chronically ill persons, households with no income and with numerous children are the most vulnerable to food insecurity.



¹ The overall classification of vulnerability is based on the combination of current food consumption status (Food Consumption Score groups: poor, borderline, acceptable); adoption of high-risk coping mechanisms; and economic vulnerability based on per capita expenditure (excluding the estimated value of the food assistance provided) using set thresholds of the minimum acceptable expenditure basket on food and non-food items (below Survival Minimum Expenditure Basket, between SMEB and MEB, above MEB).

² Based on Rohingya population from the ISCG Situation report, Jan 2019.

Vulnerability to food insecurity trends (2017/2018)

Compared to REVA1 in Dec 2017³, the level of vulnerability to food insecurity remains generally stable, though at very high levels. Such vulnerability would only be perceptible if humanitarian assistance were to cease or decrease, as it is mainly linked to limited purchasing power and low access to economic resources, other than from the sale of assistance.

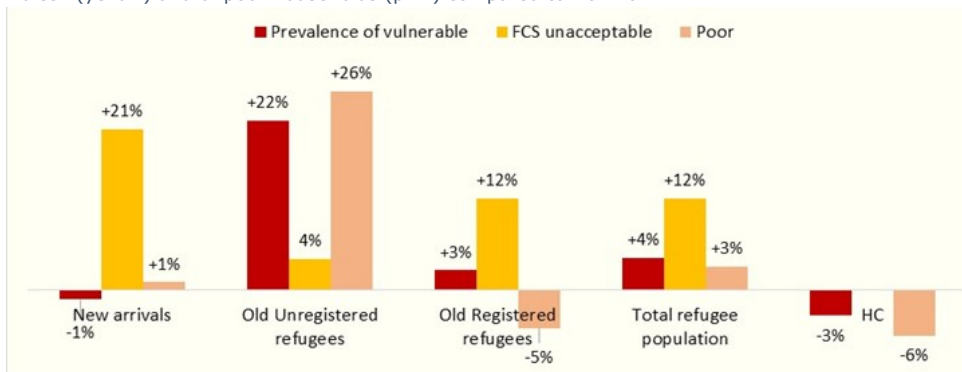
A slight increase in the prevalence of vulnerable Rohingya refugees (+4 percent of households) and a slight decrease amongst the

Figure 1: Evolution of global vulnerability (red bars), prevalence of households with unacceptable diet (yellow) and of poor households (pink) compared to Nov 2017

host communities (-3 percent) was observed.

The overall picture however hides some relevant differences among the groups of Rohingya refugees analysed.

The sharp increase in the proportion of vulnerable old unregistered Rohingyas refugees observed since 2017 is mainly



underpinned by higher poverty rates due to lower average expenditures against the same Minimum Expenditure Basket (MEB).

Food assistance programmes have scaled up in 2018 to cover this category of displaced households owing to the depletion of limited assets and the adoption of other coping strategies (i.e. borrowing money) to access food. Conversely, vulnerability levels of new arrivals and old registered refugees remained substantially unchanged since 2017. The deterioration in food consumption patterns observed for these two groups of Rohingya refugees was mitigated by an increase in actual expenditures on food and non-food items (NFIs). Anecdotal evidence suggest that deteriorating food consumption patterns could be partially justified by under-reporting of food consumed in 2018 compared to surveys conducted in the immediate aftermath of the displacement, and especially by small-sized households who receive a lower entitlement compared to 2017.

An analysis of the relation between sales and food consumption is necessary to fully understand the increasingly sophisticated socio-economic context Rohingya refugee households face in the camps. In December 2018, a relatively higher proportion of refugees declared that they are selling part of their food assistance (mainly rice, lentils and oil) compared to 2017 (41 percent vs 14 per cent). The monetized value of food assistance sold is reinjected into local markets or intermediaries to buy fish, vegetables, condiments, fuel, health services and medicines, as well as toiletries, clothes and transport. The decrease in the consumption of pulses, rice and oil – often sold at a fraction of the market price to informal traders and host communities - was only partially mitigated by the marginally higher consumption of fish and fresh vegetables, which had a much higher unit price.

As a result of the above, dietary diversity has remained comparable to 2017.

Underpinned by the sale of food assistance, new arrivals and old registered refugees tend to spend slightly higher amounts of cash than last year. Yet these amounts are not sufficient to access the minimum food basket, which explains why around 70 percent of Rohingya refugee households borrowed money in the three months prior to the interview. Around 80 percent of refugees who are indebted have yet to repay part or all of the debt in the coming months. This will expose them to even higher economic vulnerability given the fragile livelihoods and the absence of stable and sustainable income opportunities.



³ The comparative analysis was conducted using the same methodology of REVA1, including household-level food consumption status and economic vulnerability using expenditures against the Survival Minimum Expenditure Basket (MEB) and Minimum Expenditure Basket (MEB).

Who are the most vulnerable?

The profiling exercise defines the social and demographic categories in need of support according to selected indicators of vulnerability: food consumption score, economic vulnerability, adoption of high-risk coping strategies⁴.

Among the Rohingya refugees, the presence of **many children** within a household and, large families with **low number of adults** potentially involved in income generation (i.e. high dependency ratio), are key determinants of vulnerability. **Single-parents and child-led households** also struggle to cope with family members' needs, even more so in when a household's composition include **children, disabled, pregnant and lactating women**. As economic vulnerability can be easily reversed by accessing even small cash injections, any demographic element associated to income generation (presence of adult male, male/non-single head of household, low dependency ratio, absence of disabled/chronically ill, access to remittances) automatically pulls Rohingya refugee households out of vulnerability, regardless of their time of arrival or registration category.

The profile of the most vulnerable **Rohingya refugees** has not changed significantly since 2017. The revised food assistance cohorts – either in-kind or e-voucher – based on the actual household size enables larger families to access a more diversified and acceptable diet compared to 2017. However, economic vulnerability remains the main driver of food insecurity.

Figure 2: Socio-demographic characteristics associated to vulnerability

Core characteristics of vulnerable and highly vulnerable*	ROHINGYA	HOST COMMUNITIES
Demography		
Large households (5+ members)	✓	
Small HHs (1-3 members, especially 1-2)		✓
Female headed household	✓	
Presence of disabled/chronically ill person (especially if > 1 person)	✓	
Household headed by widow/separated/divorced	✓	
Household with 3 children or more between 5-14yrs	✓	
Household with 3 or more children under 5-year-old		✓
Household with 7 or more children		✓
Single parent	✓	
Single adult with 2 children	✓	
Child headed household	✓	
Presence of pregnant and lactating women	✓	✓
Working capacity/livelihoods		
Households with high dependency ratio (greater than 1.5)	✓	✓
No remittances	✓	
At least one IGA (including casual/temporary labour)	✓	✓
No adult male	✓	
Assets		
Axe	✓	✓
Saw	✓	✓
Hammer		✓
Solar power	✓	
Spade/showel		✓
Bycicle		✓
* Results show the significant correlations between vulnerability and observable characteristics. The low sample size of households for which some of these characteristics apply (or not) may hide potential additional elements associated to vulnerability (false negative)		

The presence of 'potentially active' adults among the Rohingya refugees remains therefore the key element to ensuring a minimally acceptable purchasing power of families and preventing members from adopting high-risk coping mechanisms to access food and to meet other non-food related needs. Large sized families with a single parent or low number of adults are the most vulnerable.

Among the **host community**, similar demographic profiles are prone to vulnerability. Access to an income source is even more relevant than for Rohingya refugees due to the absence of blanket external support. Therefore, it is extremely important to scale up public work programmes offering conditional access to income sustaining livelihoods among both refugee and host community households in the near future.

⁴ Children (under 15 years old) are working; Children (15-17) are working long hours (>43 hours) or work in hazardous conditions; Begging; Accepting high-risk/illegal job

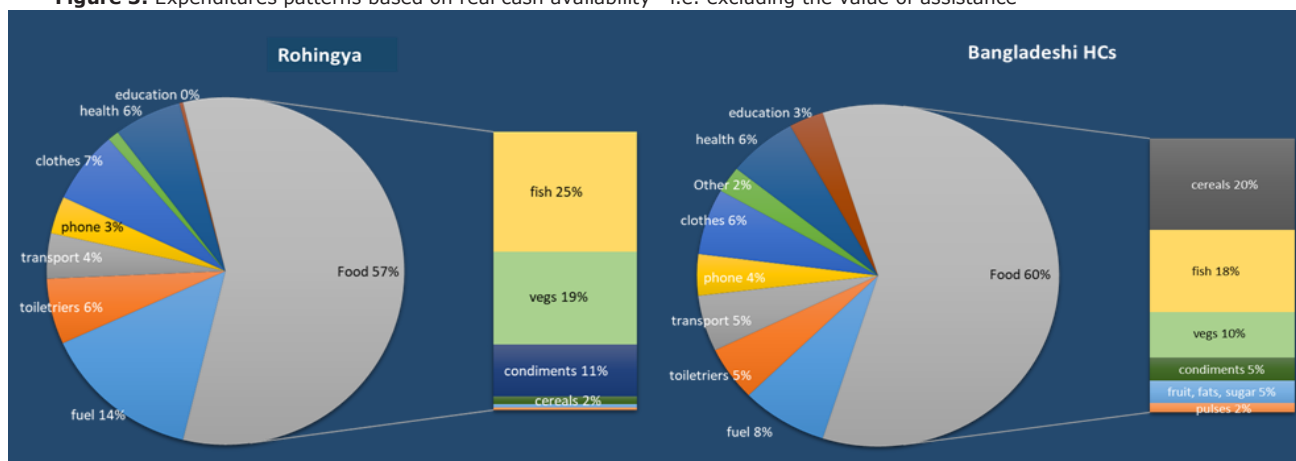
⁵ General Food Distributions are calibrated around household size cohorts of 1-3, 4-7, 8-10, 11+ members, while the e-vouchers entitlement of each household is directly proportionate to the actual size.

Expenditures and economic vulnerability

On average, Rohingya refugee households spend about 3,920 BDT per month, which is **almost one-third of host community households'** average monthly expenditure, about 12,100 BDT. The total average expenditures of Bangladeshi host communities have slightly increased by 1,300 BDT (8 percent) since November 2017, while no major changes were observed for refugees.

Both groups show similar (actual) expenditure patterns—if excluding the imputed value of assistance to the Rohingyas - with nearly 60 percent of the monthly household budget allocated to food. This share rises to **72 percent on food expenditure when the estimated value of assistance is included as an indirect expenditure**. Compared to the baseline, Rohingya refugee households dedicated comparatively higher resources to the purchase of specific food items such as fresh fish, meat, which are not provided through assistance.

Figure 3: Expenditures patterns based on real cash availability—i.e. excluding the value of assistance



Households' economic vulnerability was estimated based on households' economic capacity to meet minimum essential needs, measured by the per capita expenditures against the **Minimum Expenditure Basket (MEB) and the food-basket value**⁶.

It is estimated that **around 80 percent of the total refugee population would not be able to meet their food requirements without the assistance provided**. Figures 4 and 5 highlight the crucial role played by assistance. If assistance levels were reduced, economic vulnerability would increase from 54 to 85 percent.

Figure 4: Socio-economic vulnerability (including the value of assistance)

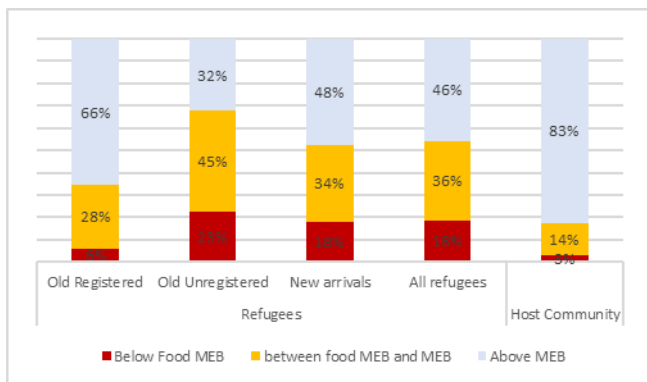
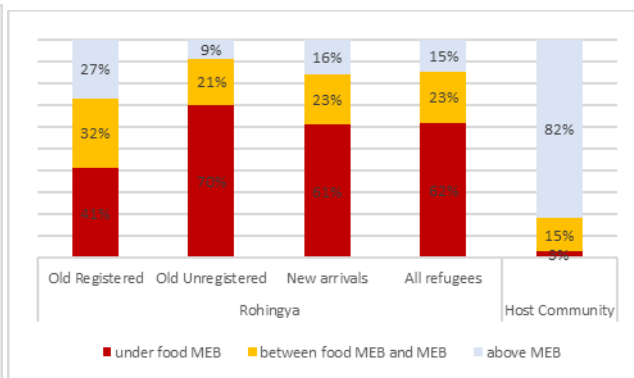


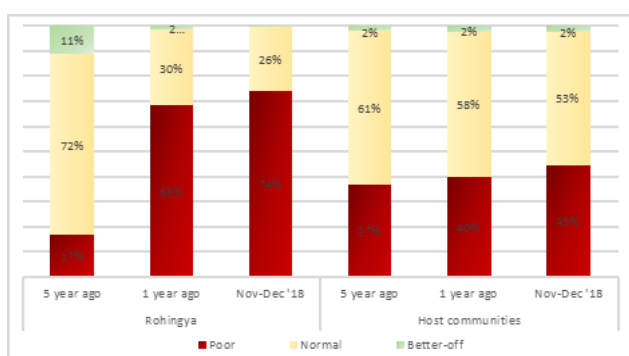
Figure 5: Socio-economic vulnerability (excluding assistance)



Poverty rates remained substantially unchanged since November 2017 and **economic vulnerability continues to be the main driver of food insecurity**.

Without support, new arrivals and old unregistered refugees would be the most economically vulnerable groups given the high dependence on life-saving assistance to meet their essential food and non-food needs. Significantly lower levels of poverty are found among the host communities. Trends of poverty rates based on actual expenditures against the MEB (monetary poverty) tally with the perception-based indicators on poverty for the Rohingya refugees (Figure 6). Progressively, an increase in the share of households self-declaring as poor among the refugees is observed. However, inconsistency is observed among the host community, relative to the monetary poverty.

Figure 6: Perception-based economic vulnerability (trends 2013-2018)



⁶ In this report, we apply the MEB that has been established at national level for the Bangladeshi population for the area of Cox's Bazar and Chittagong in 2018 (7,113 BDT for a family of five members), which contains both a food and non-food components.

Coping mechanisms

At least 90 percent of refugees and host communities adopted coping mechanisms to access their food and non-food needs. This is symptomatic of the fragility of livelihoods and of the inadequate resources Rohingya and host community households have, to meet the essential needs.

Figure 7: Most common food-related coping strategies

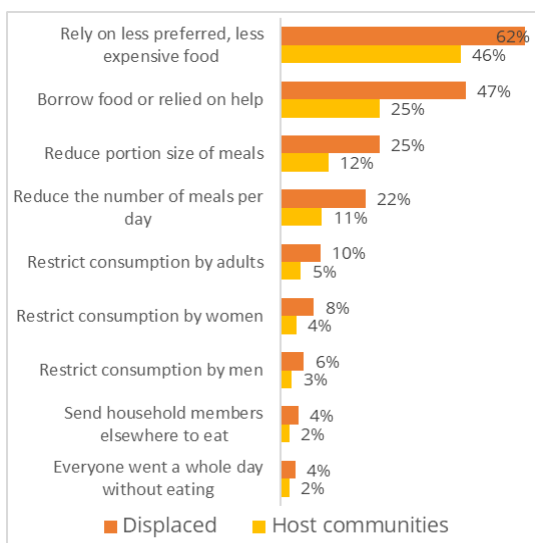
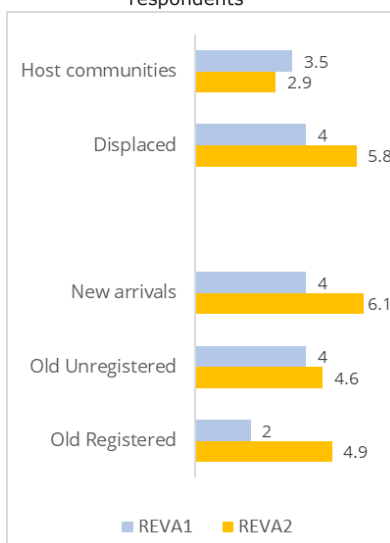


Figure 8: Average rCSI by type of respondents



Food coping: compared to the baseline, a marked increase in Rohingya refugee households compromising on their diet was observed (+17 percent in the proportion of families eating less preferred food). No significant difference was observed for other coping mechanisms.

The more common adoption of such strategy, underpinned the increase in rCSI⁷ shown for the Rohingya refugees (Figure 8).

Livelihood coping: overall, 91 percent of Rohingya refugees and 66 percent of host community members adopted at least one coping strategy affecting their livelihoods in the medium to long term.

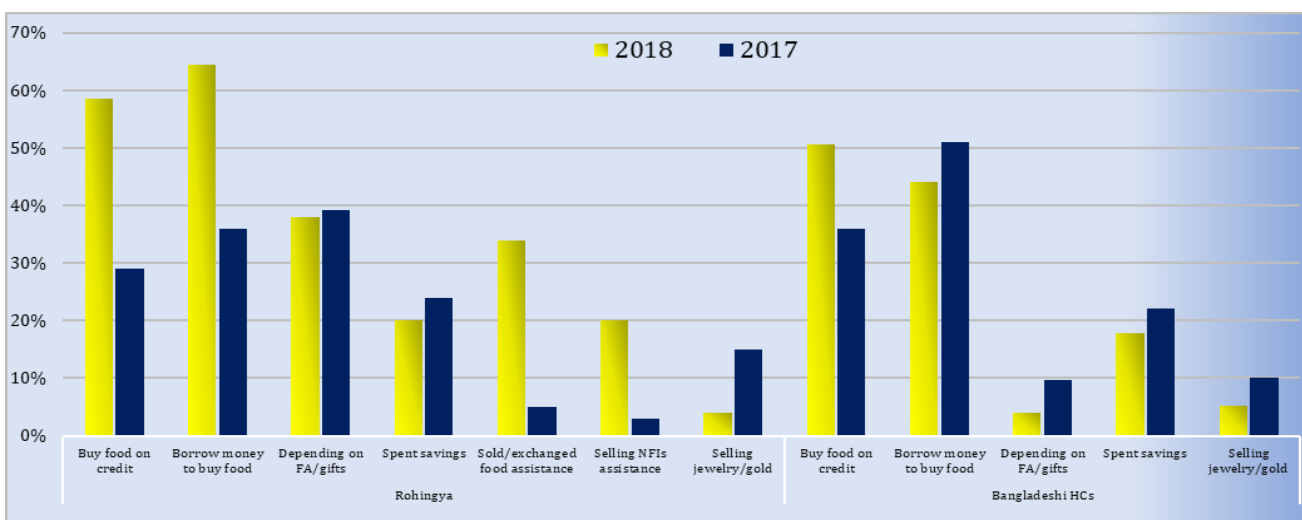
High risk emergency coping strategies such as child labour, begging, engaging in illegal risky activities are very uncommon. Conversely, **crisis-ranked strategies** (e.g. sale of food/non-food assistance, borrowing money, ask for support from relatives and friends) are the most widely adopted ones.

The 'new arrival' refugees are more likely to adopt and repeat these coping mechanisms, and in particular those with no access to income generating activities.

Households in host communities show a higher adoption of less severe coping mechanisms (stress-ranked strategies).

EMERGENCY	10%	3.5%
CRISIS	55%	20%
STRESS	26%	43%
NO COPING	9%	34%

Figure 9: Proportion of households adopting specific livelihood coping mechanisms, by type of respondents



⁷ An Index based on frequency of adoption and relative severity of food related strategies adopted

Sale of assistance: a general overview

HOW MANY ROHINGYAS SELL THEIR ASSISTANCE? 41 percent of Rohingya households reported selling part of their food assistance.

WHAT DO THEY SELL? Rice is the main commodity sold by E-Voucher beneficiaries; in-kind beneficiaries sell rice, lentils/peas and oil. As a result, the duration of E-Vouchers entitlement is 28 days versus 23.5 days of in-kind rations.

Type of assistance	Old Registered	Old Unregistered	New arrivals	Rohingya total
E-voucher	24%	35%	29%	29%
In-kind (GFD)	21%	58%	41%	43%
Both	14%	44%	52%	51%
TOTAL	24%	51%	39%	41%

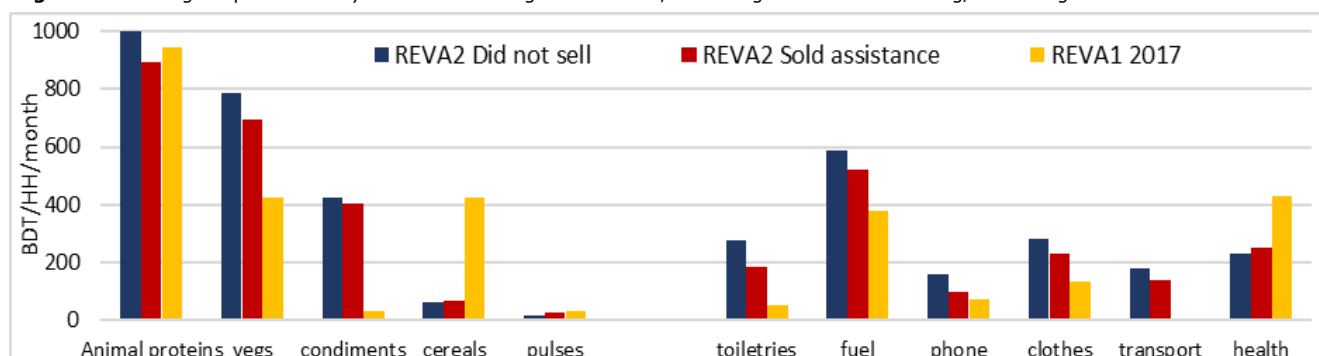
HOW MUCH DO THEY SELL? From focus group discussions, refugee households sell around 20 - 30 percent of their ration or entitlement, with the lower end for e-voucher beneficiaries and the higher for in-kind beneficiaries.

WHO ARE THOSE WHO SELL? New Arrivals and old unregistered refugees are more prone to sell their assistance. More in-kind beneficiaries sell their food compared to E-Vouchers' beneficiaries due to a higher choice of food items at the WFP retail shops.

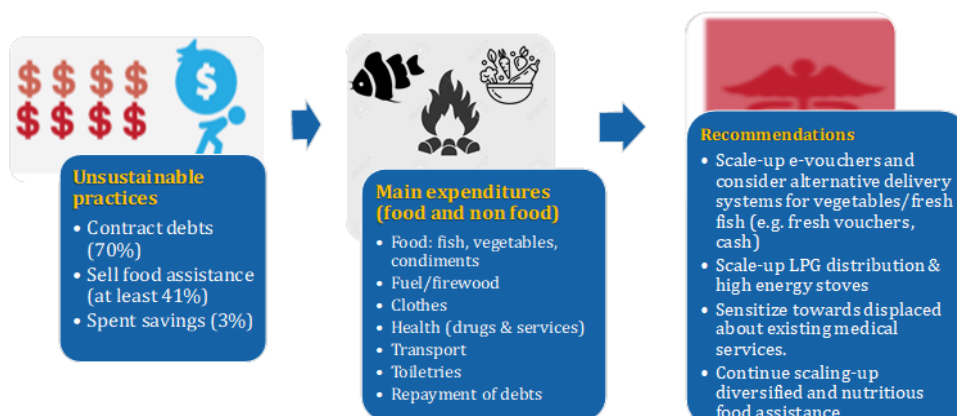
Accessing at least one source of income hinders sales of assistance. Conversely, **poor, single-headed households** and especially **small-sized ones** are those with the highest rates of selling. Furthermore, the Rohingya refugees who contracted debts in the three months prior to the interview have almost double chances to resell part of their assistance. Sale of food and debt repayment usually happen immediately after food distribution, holding especially true for in-kind beneficiaries.

WHY DO THEY SELL? Rice is mainly sold to purchase dry and small fresh fish, vegetables, spices, fuel, clothes and health services. Transport, communication and cleaning items are also widespread among those who sold. Transport and fuel expenses were underpinned by high inflation in the latter part of 2018.

Figure 10: Average expenditures by items for all refugees in REVA1, and refugee households selling/not selling assistance in REVA2



TRENDS: An increase in budget spent on vegetables and spices was observed since 2017, as well as on fuel, clothes and transport. Rohingya refugee households mainly spend money on transport after the distribution of food and on bringing family members to governmental health centres outside the camps. In absolute terms, the value of actual expenditures did not change much from last year.



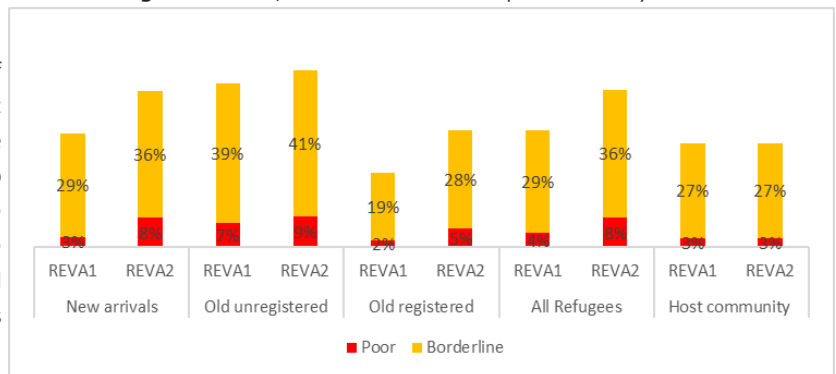
However, protein intake has decreased as Rohingya face disadvantageous terms of trade. Lower purchasing power and reduced pulses intake hinder any improvement in dietary diversity and overall food consumption patterns compared to November 2017.

Food consumption

Rohingya refugee households have compromised on their diets since their initial displacement in Myanmar and are now accustomed to low intake of nutritious food. However, to make rice more palatable, they require dry or small fresh fish added to vegetables and oil to flavor the sauce of the main dish.

The sale of bags of lentils or scooped volumes of rice after collection at the distribution point exposes them to unfavorable terms of trade against the fish and vegetables they are going to buy through the little money gained from the resale. The small quantities of fish bought are considered as condiments and are not imputed in the FCS calculation. The absence of income is the main limitation to an acceptable diet.

Figure 11: Poor/borderline food consumption trends by strata



Food sources: food assistance is the main source of food for the Rohingya refugee households, notably for the main commodities distributed like rice, pulses and oil. Over 90 percent of interviewed households declared sourcing meat, fish and fresh vegetables through markets regardless of the type of assistance they receive. However, significant differences can be observed for eggs, sugar, condiments and orange vegetables. Around two-thirds of the e-vouchers beneficiaries supply these commodities through their WFP entitlement/assistance, while in-kind beneficiaries are forced to sell other commodities to source them.

Dietary diversity: On average, refugees primarily eat cereals (every day), oil and vegetables (5 days per week) as well as pulses and fish (3 days per week). Host community households eat more often fish, eggs, meat (5 days per week) but less pulses (2 days). Around 10 percent of Rohingya refugee households have inadequate dietary diversity (less than 4 food groups per week) against only 1 percent in host community.

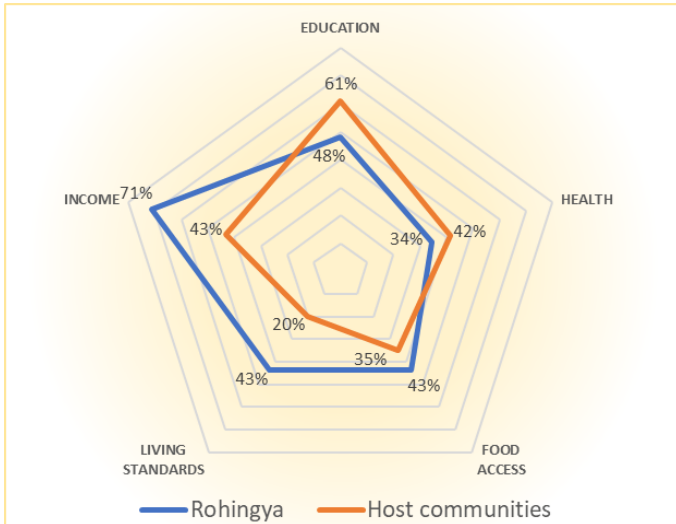
Essential needs

In order to assess households' ability to meet their essential needs, an analysis of multidimensional poverty was conducted by looking at five key dimensions: food access, education, health, living standards and income.

Results show that **around half of the Rohingya refugees (46 percent) and a third of the host community (37 percent) are multi-dimensionally poor.**

Figure 12 below shows the dimensions in which the Rohingya and host community households face the major deprivations. Limited

Figure 12: Sectorial gaps: households (%) not facing deprivations in specific dimensions



access to an **income** is the major driver of poverty for Rohingyas refugees as over 70 percent of them face some levels of deprivation in this dimension. Income is also one of the main limiting factors for the well-being of host community. This is mainly due to the erratic and unsustainable nature of labour opportunities in the area. Together with income, **education** and **health** are the main dimensional constraints for the host communities. The scaling up of service provision by humanitarian actors inside the camps enhances adequate accessibility to these services by the displaced and refugee population. **Food access** is problematic for approximately 4 out of 10 households (35 percent of host communities and 43 percent of refugees). **Living standards** (shelter conditions, access to water and sanitation) are more challenging for the refugees than for host communities, with damaged and overcrowded shelters (over 2.5 individuals per room) being the main constraints observed in the camps. **Monetary poverty is correlated to all**

dimensional deprivations, except for education.

For the **Rohingya** refugees, lack of income fuels challenges in food access – around 40 percent of them have overlapping income and food access deprivations – but also limits access to other key sectors such as health. The vast majority refugees (about 70 per cent) are currently indebted—mainly for food and health services access.

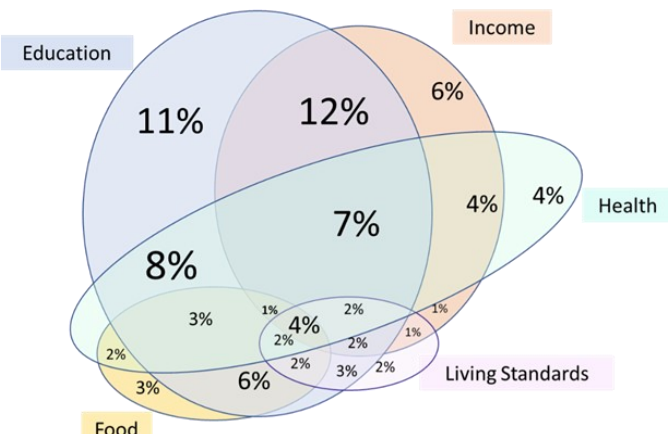
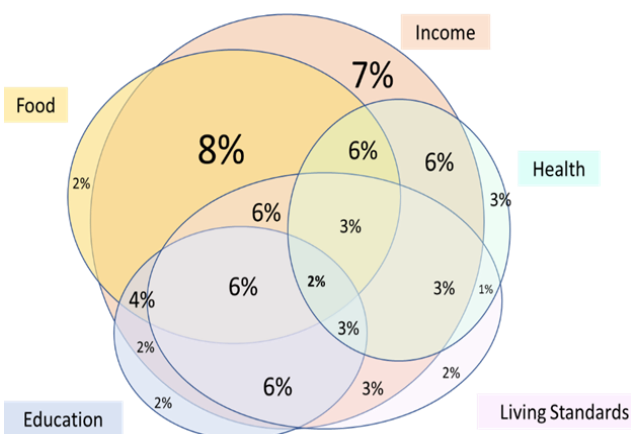
For the **host communities**, access to an income - including casual labour - is common. However, the vast majority of families gains a very low weekly or monthly income due to the erratic casual labour opportunities. Most families have members working only a couple of days per month, and only 16 percent of host community households have access to skilled labour wages.

Income deprivations is less prominent than for the Rohingya refugees and do not necessarily translate into poor access to food. In part, this is due to enhanced physical access to food for agricultural-dependent families. Most importantly, families tend to prioritize their needs by devoting most of their limited resources to food supply in markets, and the remaining ones to other needs such as education and health services, which are the main reasons host communities contract loans. Host communities have relatively satisfactory access to water, sanitation facilities and shelter conditions.

Income, however, is not the only driver limiting access to essential needs. A big portion of host community households not showing signs of monetary poverty face a high level of school drop outs. As mentioned, anecdotal evidence suggests that security and protection issues could play a role in limiting attendance rates.

Figure 13: Overlapping dimensional deprivations (% Rohingya households)

Figure 14: Overlapping dimensional deprivations (% Rohingya households)



Nutrition

Among the Rohingya refugee children aged **6-59 months**, the prevalence of **global acute malnutrition (GAM)** is **11 percent (in makeshift camps)** and **12.1 percent (Nayapara registered camp)**. Similar prevalence (GAM 12.5 percent) is observed among the host community children living in Ukha and Teknaf. Higher prevalence of GAM is observed among families with higher average number of children; presence of pregnant and lactating women; absence of an income and/or high dependency ratio. Compared to 2017, GAM prevalence decreased significantly by 2.2 percent in Nayapara RC and by 8.3 percent in the makeshifts.

Stunting: Chronic malnutrition remains extremely high – especially in Nayapara RC - as the impact from massive humanitarian investments on water, sanitation, food and health (main determinants of malnutrition) take longer time to bear tangible outcomes. Among the Bangladeshi host community, 32.9 percent of children aged 6-59 months are stunted. The same prevalence is observed among Rohingya refugee children, with a higher proportion among the older registered refugees in Nayapara registered camps. A higher prevalence observed among medium-large sized families (four members or more); households experiencing higher morbidity rates; presence of pregnant and lactating women; absence of an income; and new arrivals (Rohingya).

Underlying factors: Morbidity to fever and diarrheal diseases is highly associated to malnutrition: over 60 percent of refugee households with children aged 6-59 months had at least one child

suffering from a common disease (diarrhoea, fever, cough) against 49 percent of children among host community families. Systematically higher prevalence of wasting is observed among children affected by diseases.

No significant correlation was found between malnourished children and household-level **food consumption**, nor with a household's poverty status. Issues around **water, sanitation and hygiene** remain associated to malnutrition.

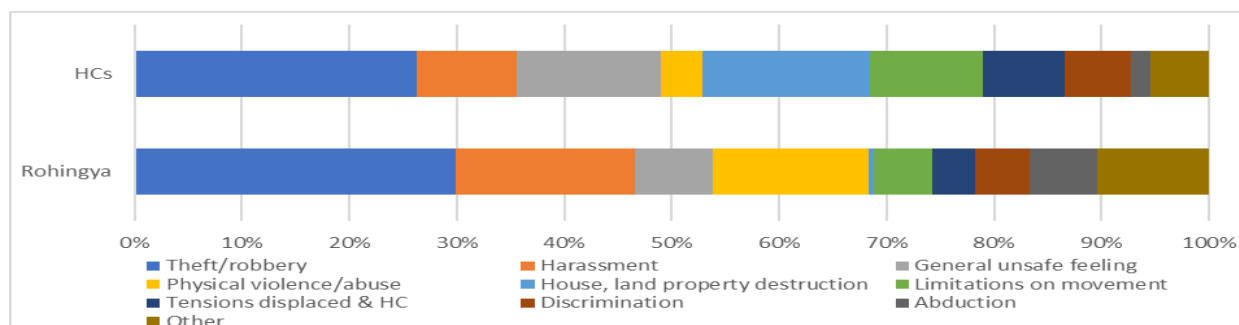


Protection

Insecurity is on the rise among host communities. Around 36 percent of households declared having indirectly experienced episodes of insecurity, against 6 percent of Rohingya refugee households. This might be partially due to the fact that refugees, and in particular women and girls, experience higher restriction on movements compared to host communities, which makes it hard for them to experience incidents of insecurity.

Among the refugees, registered camps show the highest incidence (over 15 percent of refugees) of **robbery, theft or harassment cases**. Physical violence is very high among the refugees, and sexual harassment of women is particularly worrying in makeshift and expansion sites.

Figure 15: Main protection constraints observed



Protection concerns also stem from a higher vulnerability of refugees, caused by a limited, unsafe and ineffective access to resources. Lack of information on land rights, disintegrated social support structure caused by the displacement and the ineffective mechanisms of dealing with perpetrators of crime can explain these dynamics.

Recommendations



Food assistance

- ⇒ **Due to high vulnerabilities, scale up coverage of e-vouchers** among the Rohingya refugees:
 - Consider increasing number and coverage of retail shops in Kutupalong expansion sites
 - Consider strengthening the management of retail shops including staff capacity, improve crowd management, respect of opening hours and timetable
- ⇒ **Ensure that through a combination of general food assistance (e-voucher and in-kind) and targeted complimentary food assistance (i.e. cash for work activities), the MEB of the beneficiaries are met.**
- ⇒ **Explore different options of ensuring improved access to quality fresh vegetables and fish:** through E-Voucher shops or other complimentary farmers' markets:
 - Increased number of shops would reduce average distance and potentially increase frequency of visits.
 - Stocking of retail shops with fresh vegetables on a more regular basis and are adequately displayed in the shops
 - Consider including fresh fish in the e-voucher entitlement and try to negotiate for better dry-fish prices, and smaller-quantity packaging, to sustain direct purchase and consumption, and discourage resale
 - Consider piloting hybrids entitlement/ration projects:
 - * **Fresh-food vouchers:** linked to local producers , redeemed from pre-selected retailers or fresh voucher outlets;
 - * **Fresh-food fairs:** regularly organized to promote distribution and consumption of high-quality fresh foods (mainly vegetables and fresh fish);
 - * **Unrestricted cash:** estimates value of fresh foods such as fish, meat, eggs and vegetables which can be supplied through unrestricted cash, to reduce food resale.
 - Explore options of using capped e-vouchers' entitlement for key staples such as rice, oil and pulses based on the actual households' composition to reduce volumes of resale and encourage diet diversification:

Targeting



- ⇒ Given that most Rohingya remain in need of food assistance, continue blanket food distribution (general food/e-voucher) at least until the next assessment is done.
- ⇒ Apply targeting criteria of vulnerability mentioned in the report to select households' profiles eligible for complimentary food assistance programmes like cash for work (CFW) activities inside the camps
- ⇒ Consider expanding the dimensions of vulnerability profiling to include social and protection related aspects.

Malnutrition



- ⇒ In view of existing high prevalence of global acute malnutrition (GAM), blanket and targeted supplementary feeding programmes should continue.
- ⇒ Prevalence of high morbidity rates warrant scale up of vaccinations programmes for common children's diseases and encourage the preventive/curative treatments to reduce diarrheal diseases

School feeding



- ⇒ Based on evidence from WFP's school feeding programme, continue providing school meals as they depict a positive correlation with enhanced attendance rates of pupils in learning centres.

Monitoring



- ⇒ Continue monitoring outcomes and process indicators linked to standard GFD/e-vouchers projects;
- ⇒ Ensure that when hybrid entitlement and assistance pilots are launched, the outcomes will be duly captured through an in-depth randomized control trial monitoring system.
- ⇒ Ensure continuous monitoring of food items in markets in the host communities and refugee camps. Market monitoring is key for spotting potential distortions from scale-up of e-vouchers, the increased coverage of conditional cash transfers from complimentary food assistance projects, and the potential roll-out of multi-purpose cash projects.



Non-food assistance

⇒ **Energy/cooking fuel:**

- Continue scaling up LPG distributions to discourage adoption of negative coping strategies, such as reselling relief items, to fund fuel expenses.
- Consider doing an assessment to determine the potential impact of the LPG scale-up on households' welfare, from a socio-economic, health and environmental perspective.
- Consider more efforts on raising awareness for refugees and the host community on benefits of LPG.

⇒ **Health:**

- Sensitization campaigns on effectiveness of free healthcare services and medicines availability within the NGOs' centres in the refugee camps/expansion sites
- Consider the adoption of integrated multi-sectoral approach in provision of health care services

⇒ **Other sectors:**

- Shelter: continue the distribution of rehabilitation's kits to strengthen the structure of shelters ahead of the monsoon season



Essential needs

⇒ **Enhance coordinated multi-sectoral/multi-wallet interventions:**

- Initiate discussions within the Cash Working Groups in Cox's Bazar and Dhaka over the possible revision of the Minimum Expenditure Basket, which is key for the calculation of restricted/unrestricted cash transfer values covering food and non-food needs
- Considering the potential to use cash as a response modality, consider undertaking a supply assessment (i.e. multi-sectoral market assessment) to understand the surge capacity of markets to sustain a potential increase in demand.
- Avoid duplications by mapping out partner interventions by sector (4Ws) which will ensure a more **transparent management of current/future multi-wallet programmes**, when they are launched.
- Consider **piloting multi-purpose cash** in areas where the key commodities (food, fuel, clothes, health services, transport) are well supplied by the local markets.



⇒ **Enhance access to income:** consider scale-up of other complimentary food and non-food assistance programmes, like cash for work, to enhance access to income.

Host communities

⇒ **Multi-sectoral support:** Consider launching multi-sectoral/multi-purpose cash projects in support of vulnerable households – i.e. small sized households, single parent/female-led households, households with vulnerable persons (chronically ill, disabled, elderly, pregnant and lactating women- PLWs).

- Explore the opportunity to launch joint community assets rehabilitation projects involving both Rohingya refugees (new arrivals and older unregistered displaced) and host communities
- While undertaking this, bear in mind the proposed Minimum Expenditure Basket (MEB) which informs on the value and composition of the minimally acceptable food and non-food items included in the basket of host communities
- Consider a supply chain assessment (multi-sector market assessment) to determine the markets' capacity to absorb the anticipated surge in demand, from cash injection by humanitarian partners

⇒ **Targeted support of the most vulnerable:** consider scale-up of livelihoods (Enhanced Food Security and Nutrition-EFSN) programmes especially for households meeting the vulnerability criteria

⇒ **Access to income:** Multi-sectoral cash projects should be launched through conditional transfers against community-assets creation or rehabilitation schemes. This would reduce erratic casual income opportunities and boost capacity of the most vulnerable households to meet their essential needs. If possible, scale up of public works projects targeting vulnerable host community households (with adult able-bodied members) ought to be explored. Other vulnerable categories (i.e. single care-takers, single mothers, households with disabled/chronically ill and no income, households with no able-bodied persons) can be supported through either alternative conditionality schemes (Food for education, malnutrition prevention etc.).

⇒ **School feeding:** consider expansion of support projects to schools around the refugee camps and ensure that minimum security and protection standards are in place to discourage drop-outs.



For more information please contact:

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