IOM NEEDS AND POPULATION MONITORING
COVID-19 NPM-IVR NEEDS ASSESSMENT
SURVEY ANALYSIS: JULY 2020
Introduction

The total number of Rohingya refugees in Cox’s Bazar is around 869,000 individuals. The Rohingya refugee population is concentrated in extremely congested camps within Ukhyia and Teknaf Upazilas of Cox’s Bazar district, Bangladesh. The refugees living in the camps are dependent on the assistance provided by the humanitarian community and government of Bangladesh. The reliance on humanitarian assistance has been heightened since the COVID-19 outbreak in Bangladesh due to movement restrictions and containment measures that are being implemented in the camps in an attempt to control the spread of the virus. The restrictive measures have impacted humanitarian programmes - many were reduced to critical services and assistance only with limited number of staff allowed to access the camps each day. This has negatively affected the accessibility and availability of many services. The objective of the IVR sectoral surveys is to highlight the current needs and gaps in services in response to the Covid-19 pandemic and ongoing restrictive containment measures.

Methodology

The IVR sectoral surveys collect information from Rohingya refugees in Cox’s Bazar via short follow up phone interviews dedicated to four sectors: health, WASH, food security and shelter/non-food items (NFI). The survey respondents were identified through IOM’s Communications with Communities (CWC) Interactive Voice Response (IVR) program. Rohingya refugees who over the past 2 months had called to report issues relating to the forenamed sectors were called back and the relevant sector survey was administered. For example, if a person left a message saying they are facing issues related to water or hygiene facilities, their number was categorized under WASH and they were called to participate in the WASH sector survey. NPM designed the sectoral tools and implemented the surveys. The numbers categorized under each sector were called to understand and highlight current needs and gaps in services. All respondents were aged 18 years or older and interviews were conducted by a team of Bangladeshi enumerators who have been extensively trained on data collection methods and use of Kobo tool for data entry.

Limitations and Caveats

- Findings are indicative only and are not representative at the camp or overall response level. This is because the phone numbers were not distributed evenly to achieve a representative sample.
- The majority (90%) of the respondents are male. This is because phone ownership is more prevalent amongst males. In addition, men may have felt more comfortable engaging with the IVR system (leaving voice messages) compared to females.
- Many phone numbers were unreachable due to connectivity and network issues in the camps. Therefore, these results do not represent all refugees who called back and reported issues through the IOM IVR system.
- The respondents (representing the household) who agreed to participate in the survey had some level of educational qualifications and are likely economically better off as they owned phones. Hence due to the demographic of the respondents, findings cannot be generalized to the entire population.
Limitations and Caveats

- Some findings, especially in relation to health behaviors, suggest potential response bias from respondents. For example, a large majority of respondents reported they would visit an NGO clinic if they or someone in their household developed symptoms. This finding differs quite significantly from other research publications, such as the COVID-19 explained series which highlighted a reluctance to report symptoms due to fear and stigma. The differences in the methodologies could be a significant factor for such discrepancies. Both quantitative and qualitative research methods carry certain biases, such as selection bias, sampling and representativeness, the environment created for the discussions and most importantly, the background of moderators and enumerators who lead discussions and conduct surveys. Indeed, studies have shown that Rohingya refugees provide different responses when asked sensitive or perception-based questions when posed by Bangladeshi enumerators or Rohingya enumerators. As the survey was conducted over the phone by Bangladeshi enumerators, this factor could have contributed to the potential response biases explained above.

- For this round of the NPM-IVR sectoral surveys, only four sectors were covered. This is because health, WASH, food and shelter/NFI were the main issues highlighted by refugees when they called back and left messages through the IVR system. Consequently, issues related to protection were not covered as people do not commonly report or convey sensitive issues over the phone. Only one protection-related question was included in the survey, on increases in arguments in the local area. The findings are shared below.

Protection and movement

- 36% of respondents reported movement restrictions currently
- 45% of households contain a pregnant or lactating woman
- 83% of respondents are married
- 90% of respondents are male
- 71% of households contain children under 5
- 10% of households contain a disabled member
- 20% of respondents reported witnessing an increase in arguments in their family/household or neighborhood and shelter blocks in the last 30 days
Overview

Accessibility to health services and facilities is critical during the COVID-19 pandemic. Regardless of the efforts by the humanitarian community, recent qualitative studies have highlighted gaps in meeting the health needs of the refugee population due to perceptions surrounding the quality of health facilities and concerns surrounding trust and communication. Reduction in consultations as well as reluctance of health workers to treat patients with COVID-19 symptoms, fear of stigma and rumors around COVID-19 were some of the issues that came up often during qualitative consultations with Rohingya refugees.

Overall, 244 numbers of health-related surveys were conducted. Some of the results are in contrast to the aforementioned findings from recent qualitative studies, such as the 50% decrease in health consultations. The possible reason behind this could be attributed to the limitations mentioned earlier. The characteristics of the population that was interviewed, for example, the majority of the respondents had a family member with some level of education and also had resources to own assets like mobile phones. This could be indicative of having more resources to gain awareness about the current situation in relation to COVID-19, which may have an impact on trust and perceptions of health facilities. This group of respondents may also represent the other 50% of people who continued accessing health facilities throughout the restrictions. Indeed, 56% of the respondents reported visiting a health facility 30 days prior to the survey. These factors likely contribute to the majority of the respondents reporting positive communication at health facilities as well as opting to visit an NGO clinic if they or someone in the family developed COVID-19 symptoms.

Last visit to an in-camp health facility by respondent or respondents household member (244 responses)

Top three problems with functioning of health facilities (138 responses†)

1. Lack of medicines/medical equipment in health facilities (79%)
2. Health facilities are very crowded so avoid going due to Covid fears (23%)
3. Lack of female staff in health facilities to test and/or treat women (14%)

Communication at in-camp health facilities (220 responses)

93% of respondents reported they would visit an NGO clinic if they or someone in their household developed symptoms.

Top three health related issues noticed currently in your camp (244 responses†)

1. Insufficient masks or Personal Protective Equipment (PPE) (34%)
2. People are scared of going to isolation centers made for coronavirus (23%)
3. Health facilities are very crowded so avoid going due to Covid fears (21%)

Top three coping strategies to remain in good health and compensate for a lack of good facilities nearby (244 responses†)

1. Isolate within shelter (57%)
2. Prayer (57%)
3. Cutting down on other household necessities to buy medicine (28%)

† Respondents could select multiple multiple options
FOOD SECURITY

Overview

As a containment measure for the spread of COVID-19 in the camps, the frequency of food distributions was changed from twice-monthly to monthly. This was done to minimize exposure and crowding in the distribution sites that may have facilitated spread of the virus. Rohingya refugees are now given a full month’s entitlement once a month and e-vouchers continue to be a fixed package of food that is estimated to meet the daily nutritional requirements. There is always a high degree of challenge in providing sufficient food for households and to meet dietary diversity and balanced nutrition. Moreover, due to loss of income generating activities as well as movement restrictions, it has become more difficult for the refugees to purchase additional food to supplement the quantity and diversity of food they receive through their assistance packages.

Overall, 215 number of food security surveys were conducted. NPM, in this survey, tried to capture challenges refugees are currently facing accessing food assistance, such as: problems at the distribution centers, where they collect their food distribution from, reasons for collecting from a different camp where they do not reside currently. Almost 50% of the respondents reported having issues with the food that is distributed. When asked further about the type of problems with the food, a majority reported that the quantity of food is not sufficient. However, almost 92% of respondents reported they could access the market where they typically go to buy household and food items. Another concerning issue that came up were the use of negative coping mechanisms to supplement insufficient food quantities, such as, borrowing food, relying on help from friends and relatives (60%), eating smaller portions (34%) and reducing the number of meals eaten per day (21%) which could create a cycle of debt as well as contribute to health risks.

Location of market where respondent typically shops for household food items (215 responses)

Access to market (215 responses)

The 17 respondents who reported they were currently unable to visit markets cited fear of contracting Covid-19 (11 respondents), market has been shut down (6 respondents), and restrictions on movement (5 respondents).

† Respondents could select multiple options
**Overview**

The IVR system received the second highest number of recorded messages related to issues concerning their shelters and other related NFI's. The makeshift shelters where Rohingya refugees reside are made of temporary materials, such as bamboo and tarpaulin some of which have a short lifespan. These materials are more prone to becoming weak and damaged during the harsh monsoon season (June – September) experienced by this region of Bangladesh every year. Like any other sector, refugees are also dependent on assistance provided by Shelter-NFI actors to repair their shelters when damaged. In the Joint Multi Sector Needs Assessment (J-MSNA) conducted in August 2019, 34% of households reported purchasing materials (or exchanging other goods) in order to make improvements to their shelter in the 6 months prior to data collection. Access to markets to make quick fixes or to supplement the materials provided to them may not be possible at present due to restrictions on movements. Moreover, containment measures like physical distancing and isolation due to COVID-19 could contribute to already existing structural problems such as overcrowding (the shelters are small and shared by an average of 5-6 family members).

Overall, 393 number of shelter/NFI surveys were conducted. An interesting finding in the results was that a majority of the respondents reported they did not receive a shelter kit before the monsoon (70%). The reason behind this high percentage could relate to the different types of shelter related distributions in the camps, such as, transitional shelter assistance (TSA), tie-down kit (TDK), interim packages distributed at different frequencies and methods of distribution, i.e. blanket distribution, case by case distribution. The distribution most closely related to monsoon season is the TDK which consists of specific items such as a rope bundle and IEC sheet. The TDK distribution this year was done door to door as well as at LPG distribution points. There is a high possibility that refugees did not identify TDK as the pre-monsoon distribution (it was done during the cyclone season). Moreover, the two most needed shelter items reported were tarpaulin and muli bamboo which are not distributed in TDK. This potentially elevates the reason for refugees to report not receiving pre-monsoon shelter kit.

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### Immediate NFI needs (393 responses)

- Mosquito nets: 88%
- Mat: 74%
- Solar light: 64%
- Umbrellas: 61%
- Torch: 38%
- Kitchen set: 37%
- Fan: 27%
- Blankets: 27%

### Primary cooking fuel (393 responses)

99% of respondents reported using LPG as their cooking fuel.

### Top three difficulties when collecting LPG (393 responses)

1. Distribution point is very far away (57%)
2. Difficult to carry back to shelter (29%)
3. Lack of communication on distribution date (27%)

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### Reported current problems with shelter (393 responses)

- Water leakage: 73%
- Bamboos used in construction are damaged and/or of poor quality: 48%
- Shelter is at risk of landslide/ slope failure: 47%
- Need shelter material to upgrade shelter: 40%
- Shelter is damaged and/or of poor quality: 36%
- Shelter becomes difficult to access in monsoon due to steep pathway/overflowing drain: 34%
- Wet floor: 30%
- Too small space: 21%

### Top 10 immediate shelter needs (393 responses)

- Tarpaulin: 89%
- Muli bamboo: 84%
- Rope: 69%
- Barak bamboo: 63%
- Wire: 48%
- Cement: 31%
- Sand: 22%
- Empty bags: 19%
- Tools: 16%
- CGI sheet/tin: 9%

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† Respondents could select multiple options
Overview

The WASH sector plays a critical role in COVID-19 prevention measures for example by making sufficient water available for refugees to practice hand washing, availability of hygiene items like soap etc. Regardless of consistent efforts made by the WASH sector to provide safe water in sufficient quantities, facilities for sanitation and hygiene practices, refugees continue to report on issues around water, sanitation, and hygiene. The IVR system received the highest number of recorded messages related to problems accessing WASH services and facilities.

Overall, 374 number of WASH surveys were conducted. The survey tried to capture top water, sanitation and hygiene related issues refugees are facing during the COVID-19 pandemic. Negative coping mechanisms were reported for lack of water such as relying on less preferred (unimproved) sources of water sources for drinking, which can increase the risk of diseases like cholera or acute watery diarrhea (AWD), which are already prevalent in the camps. Another concerning coping mechanism is the reduction in hygiene practices such as bathing and handwashing. Lack of water could prevent the ability to undertake basic hygiene measures for the prevention of COVID-19. No separation between men and women for latrines as well as bathrooms was one of the most reported issues under sanitation and hygiene.

Problems respondents faced accessing WASH facilities (374 responses)

1. **Top three hygiene issues** (214 responses)
   - Bathrooms don’t have sufficient lights (31%)
   - No separation between men and women’s bathrooms (30%)
   - Bathrooms are far from shelters (25%)

2. **Top three water issues** (225 responses)
   - Long waiting times at water source (40%)
   - Functional water sources are far away (38%)
   - Pathway to water source is difficult (28%)

3. **Top three sanitation issues** (261 responses)
   - No separation between men and women’s latrines (44%)
   - Latrines don’t have sufficient lights (40%)
   - Latrines are full (38%)

Coping strategies reported for insufficient water (drinking and non-drinking (107 responses)†

- Collect water from a source further away than the one normally used: 49%
- Reduce hygiene practices such as bathing, washing hands, clothes, cleaning shelter: 30%
- Rely on less preferred (unimproved) water sources for drinking: 26%
- Rely on less preferred (unimproved) water sources for cooking and washing: 23%
- Send children to collect water: 15%
- Household members drink less: 11%
- Spend money (or credit, or in-kind resources) on water: 4%

Time to reach a functional water source (142 responses)

- 5 minutes or less: 8%
- 10 minutes: 40%
- 15 minutes: 23%
- 20 minutes: 11%
- 25 minutes: 3%
- 30 minutes: 10%
- More than 30 minutes: 6%

Last time latrines were de-sludged or cleaned? (127 responses)

- More than 1 month ago: 61%
- 1 month ago: 39%
- 3 weeks ago: 0%
- 2 weeks ago: 0%
- 1 week ago: 0%
- Current week: 0%

† Respondents could select multiple options
2. For more information on IOM CwC IVR, see Covid Info Line.
3. Response Bias is the tendency to provide answers that might be misleading or untruthful due to perceived pressures to provide answers that are socially acceptable.
8. Ibid
10. Ibid
11. IVR system had second highest recordings for Shelter-NFI, but the number of surveys conducted were more compared to other sectors as we received more consent and had less unreachable numbers for the shelter-NFI survey.
13. IVR system had highest recordings under WASH category, but the number of surveys conducted were less compared to Shelter-NFI sector as we received less consent and had more unreachable numbers for the WASH survey.