

MULTI-SECTOR NEEDS ASSESSMENT 2026

Cox's Bazar, Bangladesh
Prepared By: Educo (Lead Agency)
Supported By: Caritas Bangladesh,
GUK, SKUS & FIVDB



ACKNOWLEDGEMENTS

We would like to thank the enumerators, facilitators, community volunteers and Majhis who dedicated their time and effort to support this assessment, as well as the Rohingya refugee and host community households, focus group participants and sector focal points who generously shared their experiences and perspectives.

THE MSNA WAS CONDUCTED BY:



About this assessment

This Multi-Sector Needs Assessment (MSNA) 2026 was led by Educo jointly with Caritas Bangladesh, GUK, SKUS and FIVDB. It presents a structured, sector-by-sector evidence base intended for direct use by coordination actors in identifying gaps and priorities for future proposal development in the Rohingya refugee and host community response.

SUMMARY

Cox's Bazar hosts one of the largest and most protracted refugee situations in the world, with Rohingya refugees living across 22 camps in Ukhia and Teknaf Upazilas alongside host communities in Ukhia and Teknaf. To ensure an up-to-date, evidence base for humanitarian programming and proposal development, Educo led a five-agency consortium (with Caritas Bangladesh, GUK, SKUS and FIVDB) in conducting the 2026 Multi-Sector Needs Assessment (MSNA).

This report presents findings in a structured, sector-by-sector format to ensure they are readily usable by different actors, sector/sub-sector, working groups in identifying priority gaps for response planning and proposal development.

The assessment combined a quantitative household survey (384 households, evenly split between male and female respondents) with 20 Focus Group Discussions across camp and host locations and 12 Key Informant Interviews with sector focal points. This mixed-methods approach allows statistical trends to be triangulated against community perspectives across nine sectors: Demographics, Health, Nutrition, WASH, Protection, Education, Food Security and Livelihoods, Cross-Cutting/Disaster Risk Reduction, and the Complaint and Feedback Response Mechanism (CFM).

Key findings include but are not limited to, the following:

Demographics: The household survey sample was evenly split between male and female respondents (192 each), with the majority of respondents aged 25–49 years (69% combined). Male-headed households (80%) considerably outnumber female-headed households (19%). Educational attainment remains low, with 45% of respondents reporting no formal education and a further 38% completing only primary level. One in five households (20%) reported at least one member with a disability, most commonly difficulty seeing or hearing. Household composition skews toward vulnerable groups: 52% of households include a child under five and 48% include an adolescent girl (10–19).

Protection: Child marriage (78%), trafficking (73%) and child labor (70%) are the most widely cited protection concerns, with adolescent girls consistently identified as the group at greatest risk (83%), ahead of women (60%) and young children (58%). Fear of retaliation (49%), shame or stigma (49%) and concern about confidentiality (48%) are the dominant barriers to reporting protection concerns. FGD participants echoed these findings, describing informal and sometimes unaccountable dispute-resolution pathways through community leaders, and calling for stronger confidential, survivor-centered referral mechanisms.

Education: 87% of households report children currently attending school or a learning center, a strong headline figure that masks underlying gaps: high education cost (49%) and lack of teachers (42%) are the most commonly cited weaknesses in current provision, and 28% of respondents perceive unequal access to education between girls and boys. FGDs attributed this gender gap to household responsibilities, family restrictions, safety concerns and early marriage disproportionately affecting adolescent girls' attendance.

Health: Three-quarters of respondents (75%) report a health facility near their shelter, and among those who sought care, in-patient services, newborn/obstetric care and lab tests were the most commonly accessed. Satisfaction with health assistance is generally high (88% satisfied or very satisfied among those expressing a view), yet a third of respondents (34%) still perceive medicines and equipment as inadequate — a persistent supply and quality gap. FGD participants added that specialized treatment, chronic disease management, and maternal and mental health support remain harder to access, with transportation, waiting time and the need for accompaniment cited as barriers, particularly for elderly people, persons with disabilities and women with mobility restrictions.

Nutrition: Just over half of respondents (52%) had not received any nutrition counselling or cooking demonstration in the past year, pointing to uneven outreach coverage. Almost half of households (48%) report that food and assistance support has decreased over the last 12 months, and 65% of households with children under five report a recent need for nutrition screening or treatment services. FGDs confirmed continued high household dependence on humanitarian food assistance, with newly arrived and undocumented households considered especially vulnerable to nutrition-related risk.

WASH: 78% of households report adequate water access overall, though limited availability at certain times of day (60%) and long queues (55%) remain the dominant collection challenges. Latrine overcrowding is the most widespread WASH complaint (79% of households), followed by cleanliness concerns (51%) and lack of a responsible cleaner (42%); 35% of households lack a functional latrine lock. FGDs reinforced these findings, with women and adolescent girls specifically flagging poorly lit latrines, bathing spaces and narrow pathways as unsafe, especially at night.

Food Security and Livelihoods: NGO/INGO assistance remains the dominant food source for 82% of households, well ahead of local market purchases (59%). Food stocks are thin: 31% of households report having no food stock at all, and a further 20% have only about one week's worth. Household income is heavily concentrated at the lower end, with 19% of households reporting no income at all. FGDs described livelihood opportunities as mainly informal casual labor, small-scale trading, tailoring and handicrafts constrained by movement restrictions, limited capital and market access, with youth expressing particular frustration at limited opportunities after completing education.

Cross-Cutting Issues (DRR): Heavy rainfall (86%), landslides (70%) and fire (61%) are the most commonly reported hazards affecting the assessed area. Post-disaster relief coverage lags behind this exposure, with only 34% of respondents reporting having received relief items following a recent disaster. Community awareness-raising on disaster risk (86%) is by far the top-ranked DRR priority identified by respondents, consistent with FGD accounts of limited emergency equipment and difficulty evacuating vulnerable people during past events.

Accountability / CFM: 76% of households are aware of feedback mechanisms available to them, with the Camp-in-Charge (CiC) office (39%) and Majhi (22%) the leading channels used for lodging feedback or complaints, reflecting continued reliance on leadership-based structures over formal hotlines or complaint desks. FGD participants confirmed that while multiple channels exist, concerns about follow-up, confidentiality and social pressure continue to discourage some community members from reporting sensitive issues.

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LIST OF ACRONYMS

Table 1: List of Acronyms

Acronym	Definition
CFM	Complaint and Feedback Response Mechanism
CRI	Core Relief Item
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HH	Household
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
MSNA	Multi-Sector Needs Assessment
NFI	Non-Food Item
WASH	Water, Sanitation and Hygiene

INTRODUCTION

Cox's Bazar continues to host a large and protracted Rohingya refugee population alongside host communities experiencing overlapping vulnerabilities, service gaps and humanitarian needs. In this complex and evolving context, timely and reliable evidence is essential to ensure that humanitarian assistance remains relevant, targeted and responsive to community priorities.

To strengthen the evidence base for the ongoing response, Educo Bangladesh, as the lead agency, partnered with Caritas Bangladesh, GUK, SKUS and FIVDB to conduct the 2026 Multi-Sector Needs Assessment (MSNA). The assessment provides an updated understanding of the needs, vulnerabilities, access barriers and priority concerns of both Rohingya refugee and host community households across the assessed areas.

This report presents the findings in a clear and structured format to support practical decision-making by coordination bodies, donors, humanitarian organizations and other relevant stakeholders. It is intended to support gap identification, response planning, program targeting and evidence-based proposal development.

The assessment aims to inform:

- Planning and targeting of interventions across the nine assessed sectors, based on identified priority needs, vulnerabilities and service gaps.
- Referral and linkages to services, by identifying households and individuals who may require support from appropriate service providers, including protection, health, livelihoods and other specialized services.
- Community engagement and accountability, through a better understanding of community information needs, preferred communication channels and existing feedback mechanisms.
- Evidence-based proposal development and resource mobilization, by highlighting critical sectoral gaps, emerging needs and recommended response priorities for engagement with coordination mechanisms, including OCHA and relevant sector working groups.

Report Structure

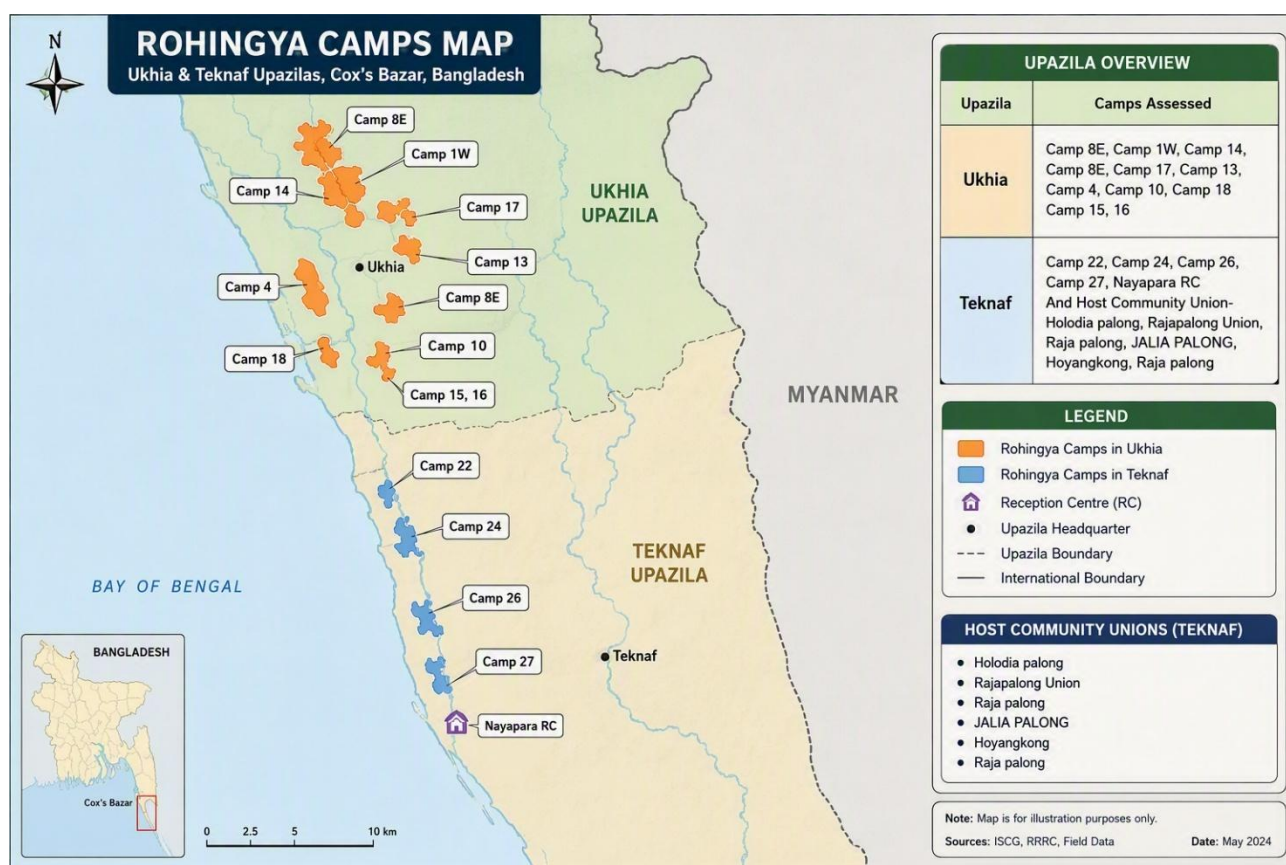
The report is organized into four key parts. The first provides an overview of the assessment methodology, including the household survey, Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). The second presents sector-specific findings, bringing together quantitative survey results and qualitative insights from FGDs and KIIs. The third summarizes the priority gaps and key recommendations identified across sectors. The final section provides a concluding synthesis of the major findings and implications for the humanitarian response.

METHODOLOGY

The MSNA 2026 used a mixed-methods approach, combining a structured household survey with qualitative Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), to ensure statistical indicators are triangulated against community perspectives.

Coverage and Population of Interest

The population of interest includes Rohingya refugees living in the 22 camps of Ukhia and Teknaf Upazilas, and host community members in Ukhia and Teknaf Upazilas.



Map 1: Assessed camps and host communities, Ukhia and Teknaf Upazilas, Cox's Bazar District

Sampling and Data Collection

Table 2: Assessment tools and sample sizes

Tool	Sample size	Description
Household survey	384 households	Structured quantitative questionnaire across 9 sectors, administered face-to-face
Focus Group Discussions	20 FGDs	Male / Female / Adolescent boys & girls / Diversified groups, across camp and host locations
Key Informant Interviews	12 KIIs	Sector focal points across health, protection, education, WASH, food security and CFM

Responsibility for data collection was distributed across the five consortium organizations contributing across camp and host community locations.

Analysis

Quantitative data was cleaned and analyzed to produce frequency distributions and cross-tabulations across the nine sectors. Qualitative data from FGDs was analyzed thematically to identify key trends, differences across group types and locations, and priority recommendations. Where relevant, quantitative and qualitative findings are presented side by side in this report to allow triangulation.

Challenges and Limitations

- Indicators are based on respondents' perceptions and self-reported experiences, which may be subject to over- or under-reporting on sensitive topics such as protection and safety.
- Multi-select (select all that apply) questions in the household survey are presented as a percentage of total respondents and will not sum to 100%.
- Findings represent a snapshot of the situation at the time of data collection and should be interpreted alongside the evolving context in Cox's Bazar.

FINDINGS

This section presents findings across the nine assessed sectors, combining quantitative household survey results (n=384) with qualitative insights drawn from the 20 Focus Group Discussions. Quantitative charts show the distribution of survey responses; shaded qualitative insight boxes summaries complementary themes raised by FGD participants.



FGD session with children, adolescents and youth, Rohingya Camp, Cox's Bazar

1. Household Demographics

1.1 Respondent Sex

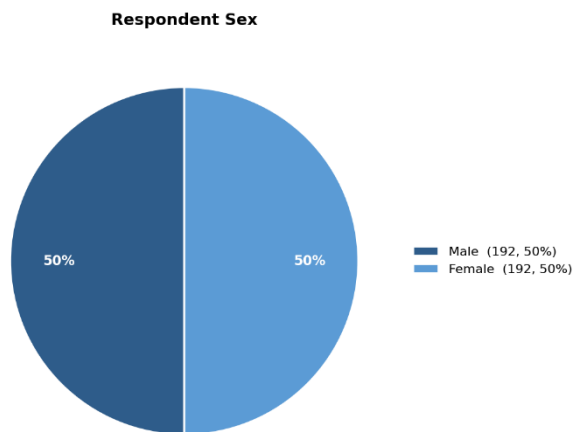


Figure 1: Respondent Sex

- The sample was evenly split between male and female respondents (192 each, 50%/50%)

• 1.2 Respondent Age Group

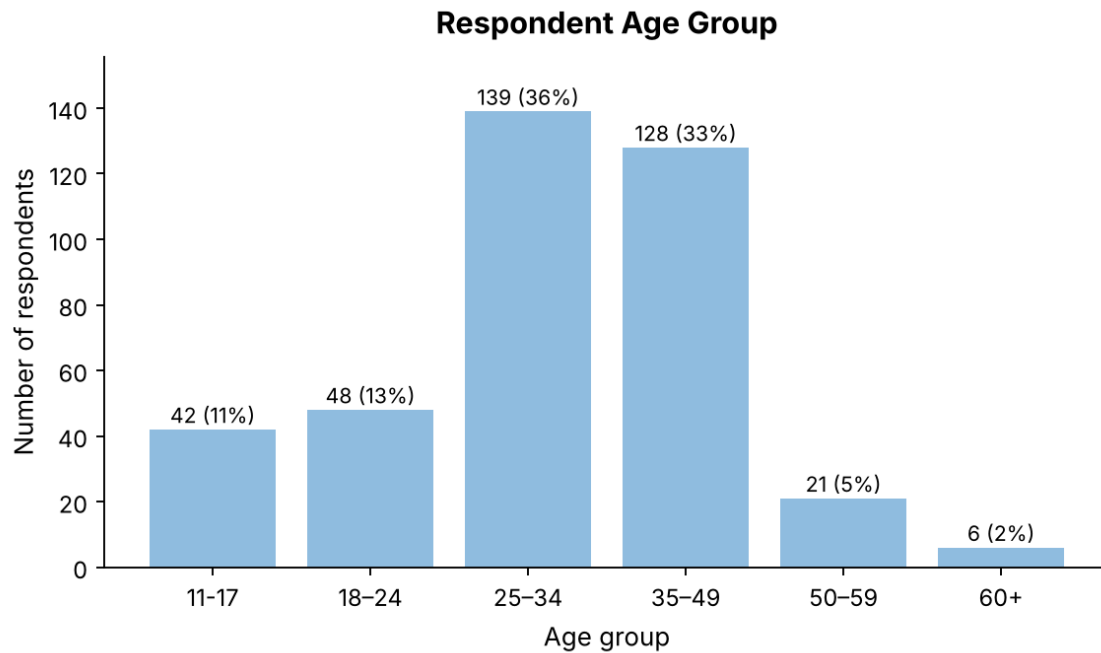


Figure 2: Respondent Age Group

- 25–34 years (36%) and 35–49 years (33%) together account for around seven in ten respondents.

1.3 Household Head Sex

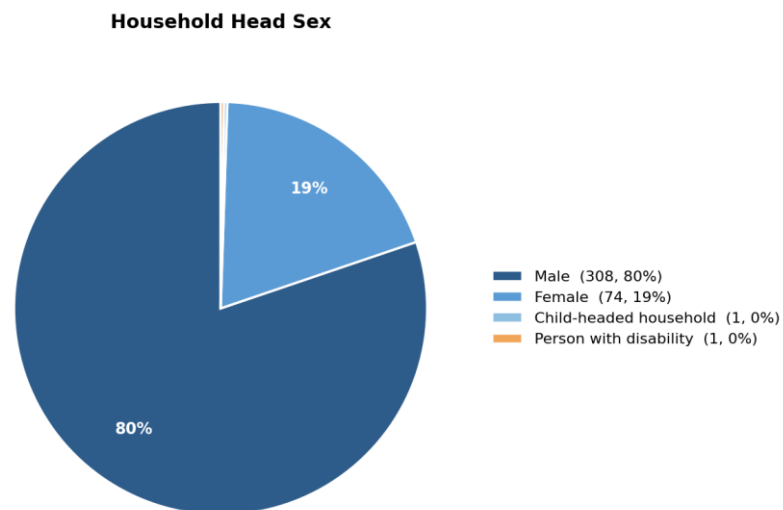


Figure 3: Household Head Sex

- Male-headed households (80%) considerably outnumber female-headed households (19%).

1.4 Respondent's Education Level

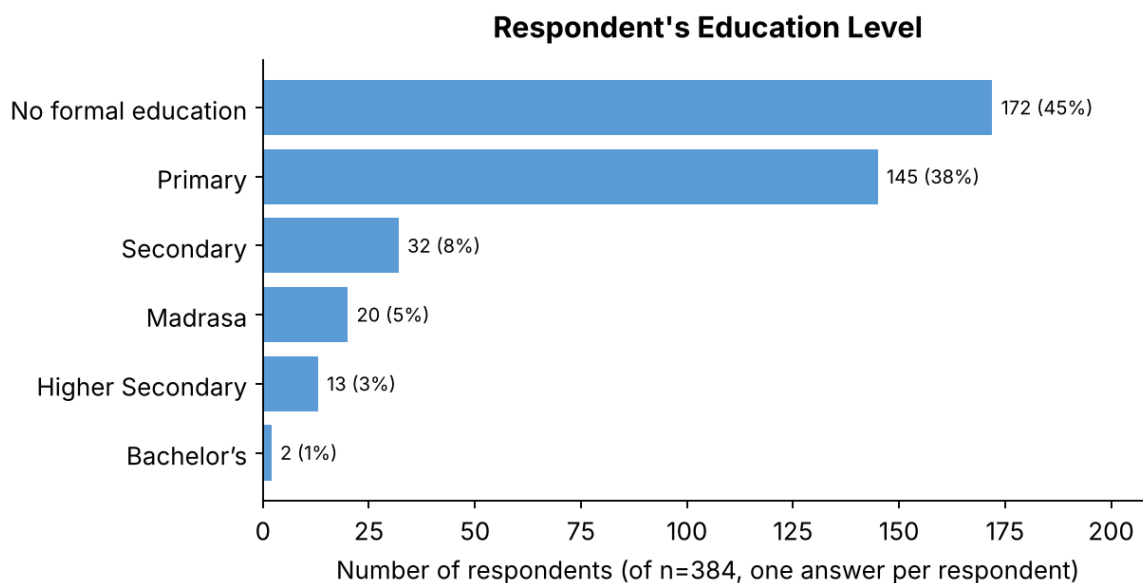


Figure 4: Respondent's Education Level

- 45% of respondents reported no formal education, and a further 38% had only primary-level education.

1.5 Household Disability Status

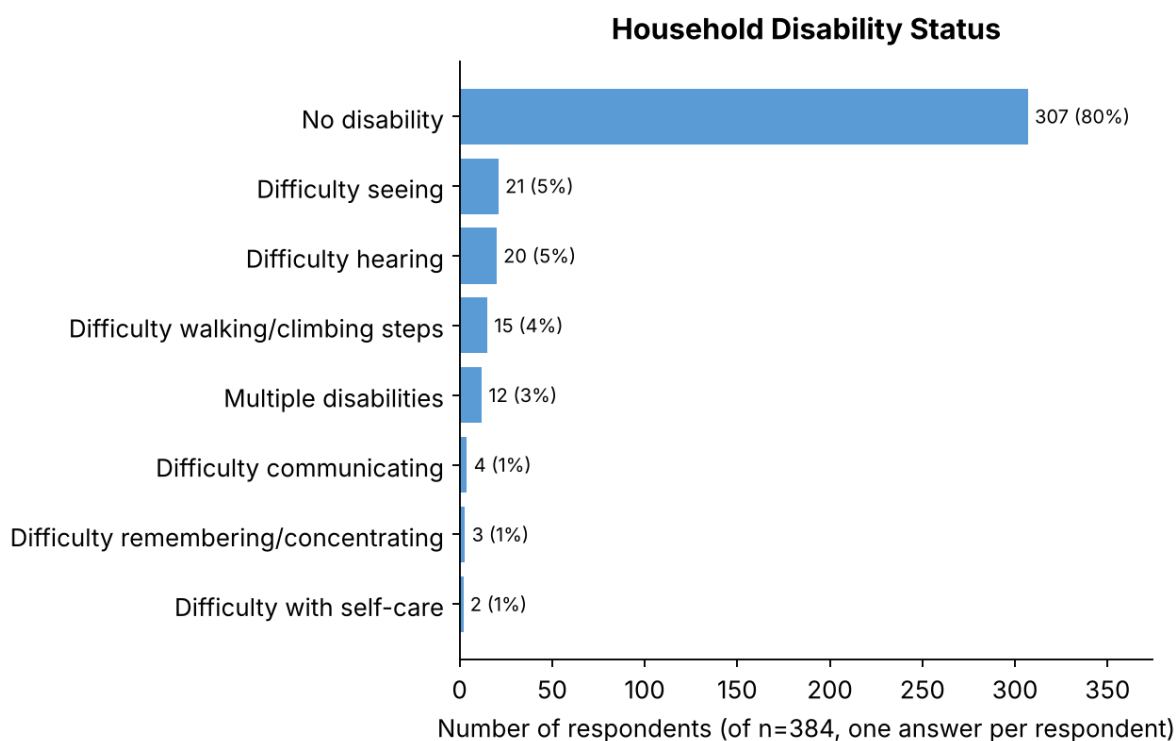


Figure 5: Household Disability Status

- 20% of households reported at least one member with a disability, most commonly difficulty seeing or hearing.

1.6 Household Composition — Vulnerable Members

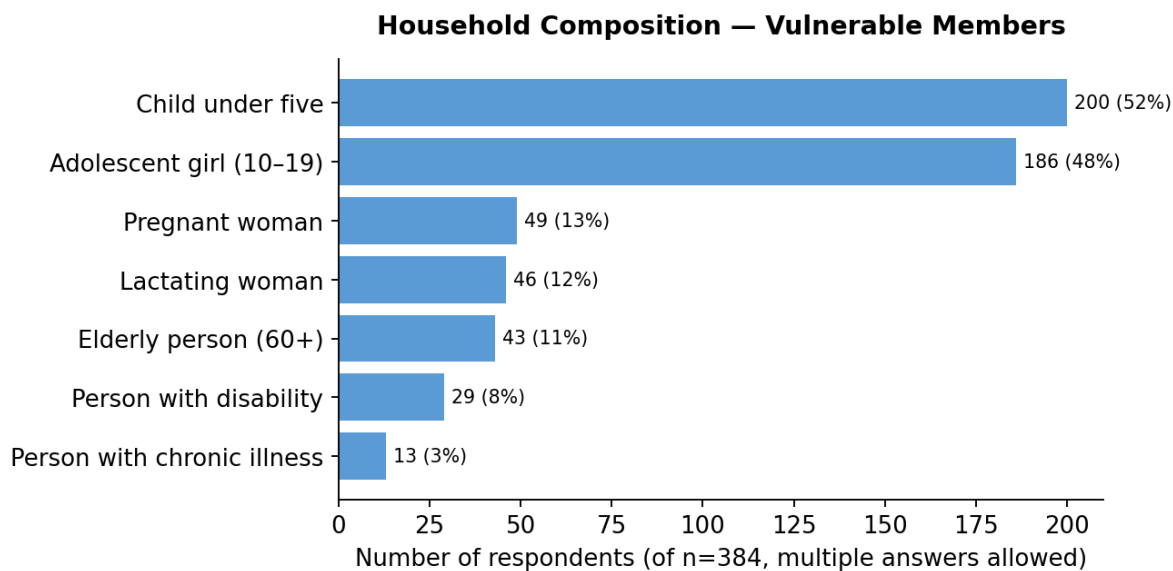


Figure 6: Household Composition — Vulnerable Members

- 52% of households include a child under five, and 48% include an adolescent girl (10–19) the two largest vulnerable sub-groups present

2. Protection



2.1 Main Protection Concerns in the Community

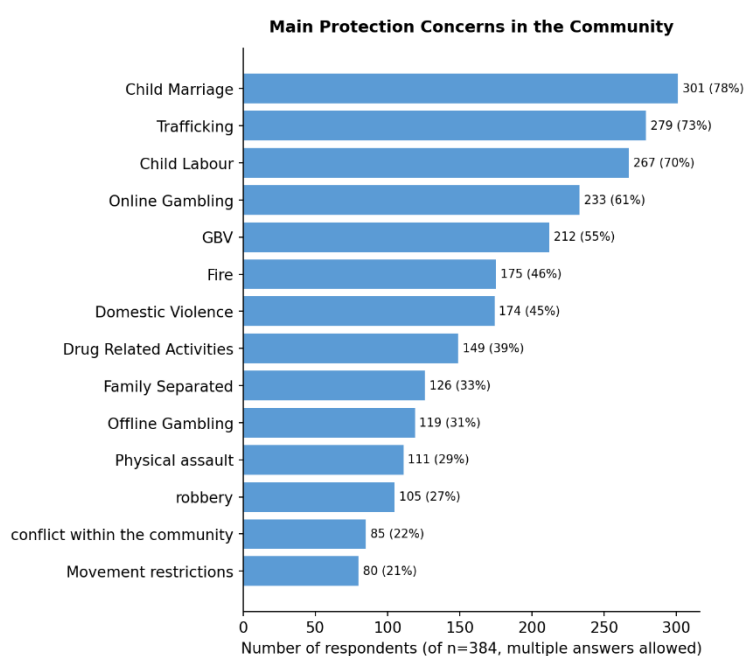


Figure 7: Main Protection Concerns in the Community

- Child marriage (78%), trafficking (73%) and child labour (70%) are the three most frequently cited concerns.

2.2 Groups Facing Greatest Protection Risks

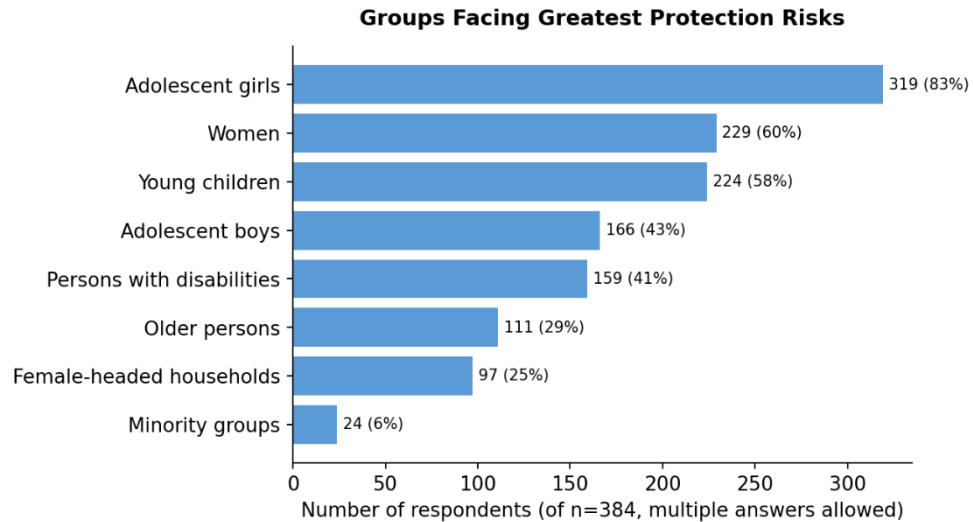


Figure 8: Groups Facing Greatest Protection Risks

- Adolescent girls are identified as facing the greatest risk by far (83% of respondents).

2.3 Main Reasons for Not Reporting Protection Concerns



Figure 9: Main Reasons for Not Reporting Protection Concerns

- Fear of retaliation (49%), shame/stigma (49%) and confidentiality concerns (48%) are the leading barriers to reporting.

Qualitative insight (FGDs): Protection

FGD participants identified child marriage, GBV, harassment, trafficking, theft and drug-related risks as ongoing concerns, with women and girls describing feeling unsafe on poorly lit pathways and when travelling alone. Majhis and community leaders are typically the first point of contact for protection incidents, but participants raised concerns about fairness, confidentiality and cases being settled informally rather than through formal channels echoing the confidentiality concerns seen in the survey data. Participants called for stronger confidential referral mechanisms, survivor-centered support and greater awareness of available protection services.

3. Education



3.1 Children Currently Attending School/Learning Centre

Children Currently Attending School/Learning Centre

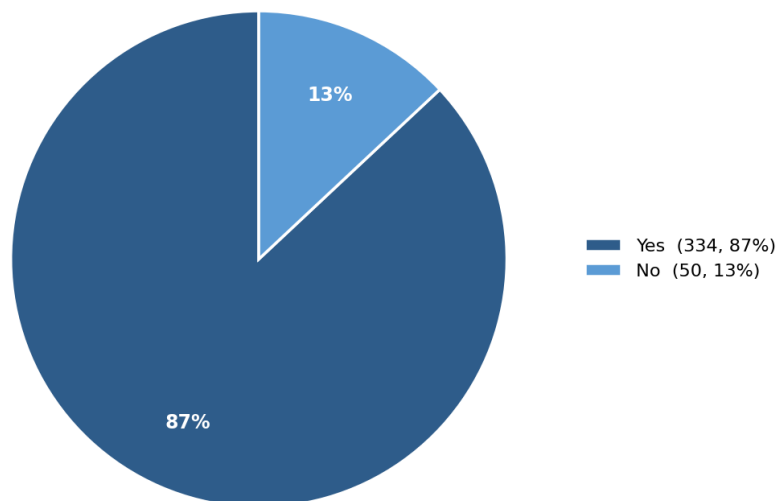


Figure 10: Children Currently Attending School/Learning Centre

- 87% of households report children currently attending school or a learning centre.

3.2 Main Gaps in Current Education Offer

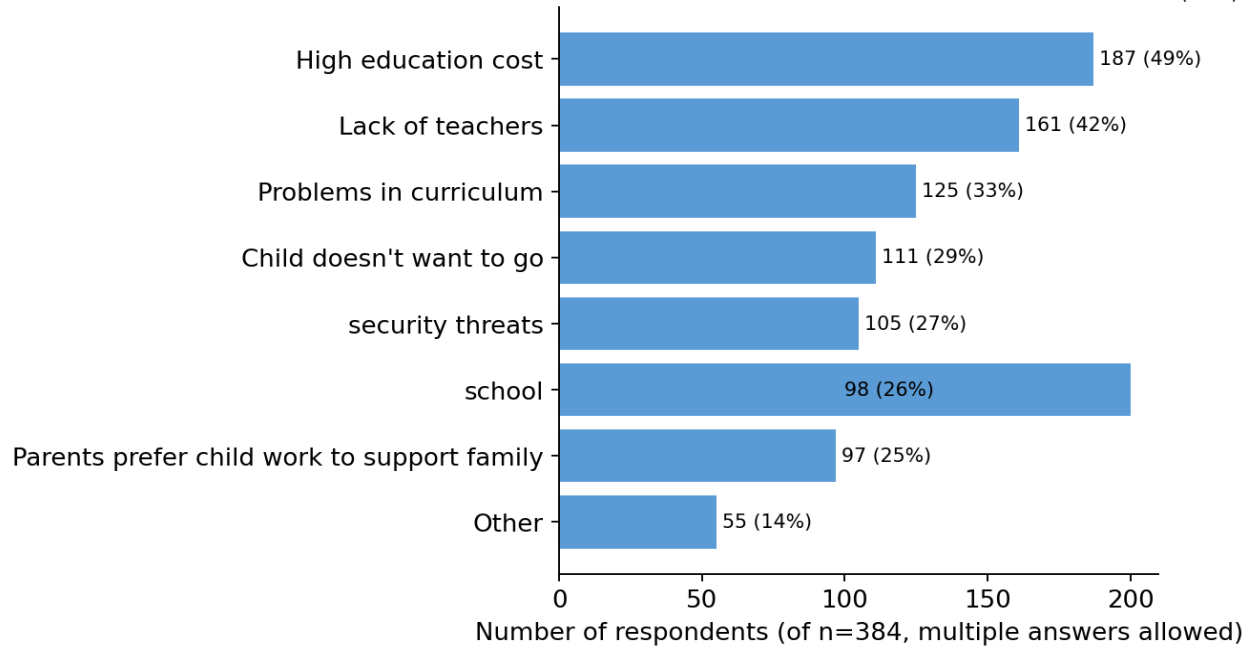


Figure 11: Main Gaps in Current Education Offer

- High education cost (49%) and lack of teachers (42%) are the most commonly cited gaps.

3.3 Equal Opportunity for Girls and Boys in Education

Equal Opportunity for Girls and Boys in Education

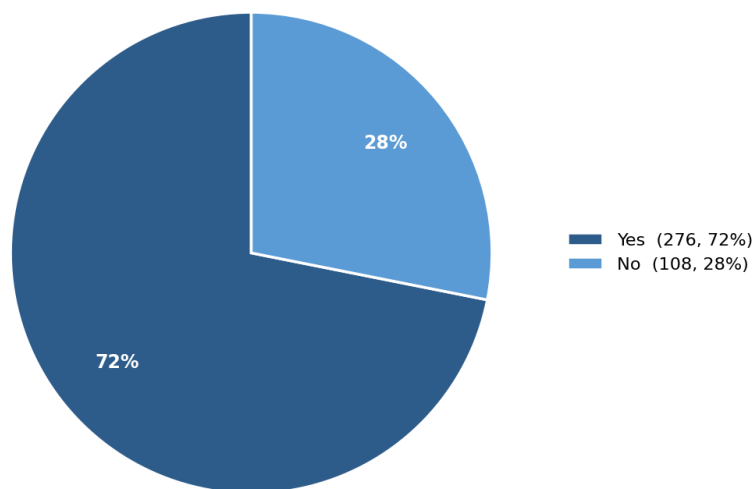


Figure 12: Equal Opportunity for Girls and Boys in Education

- 72% feel girls and boys have equal opportunity to access education, though 28% do not.

Qualitative insight (FGDs): Education

FGD participants noted gaps in learning-center capacity, quality of education, materials and teacher capacity, alongside barriers linked to household responsibilities, illness and adverse weather. Girls were described as facing additional barriers related to household duties, family restrictions, safety concerns and early marriage, consistent with the 28% of survey respondents who perceive unequal access. Youth participants expressed strong interest in vocational training, English and digital skills beyond basic education.

4. Health



4.1 Health Facility Near Shelter/Home

Health Facility Near Shelter/Home

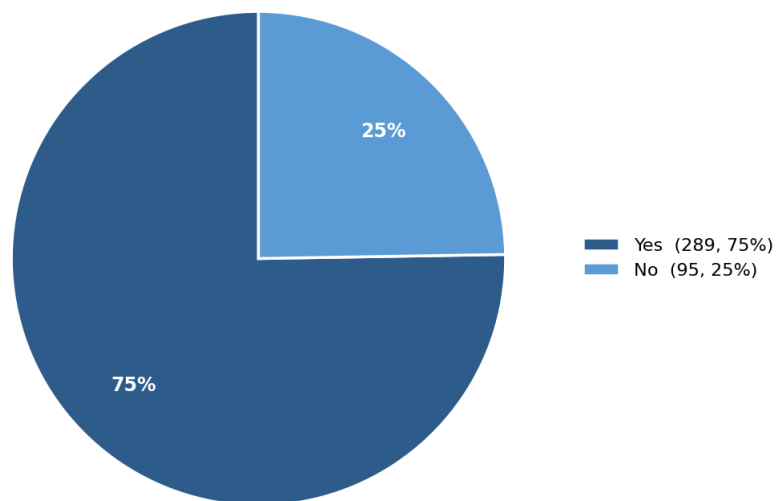


Figure 13: Health Facility Near Shelter/Home

- 75% of respondents report a health facility near their shelter.

4.2 Health Services Accessed in Last 6 Months

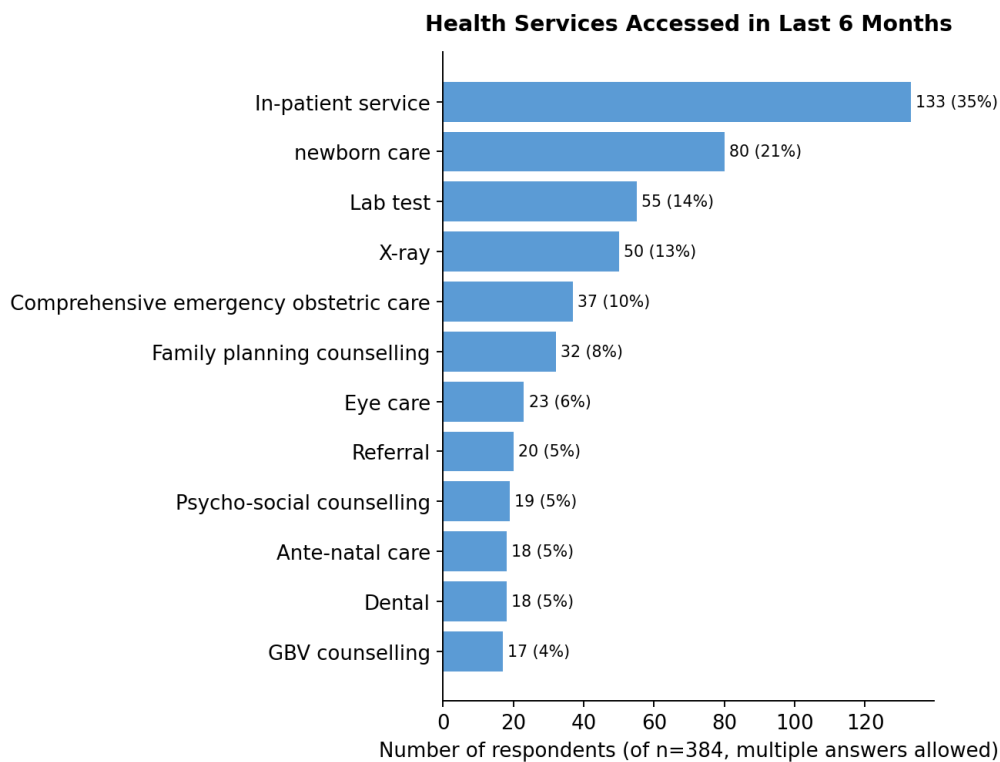


Figure 14: Health Services Accessed in Last 6 Months

- In-patient services, newborn/obstetric care and lab tests were the most commonly accessed services.

4.3 Satisfaction with Health Assistance Provided

Satisfaction with Health Assistance Provided

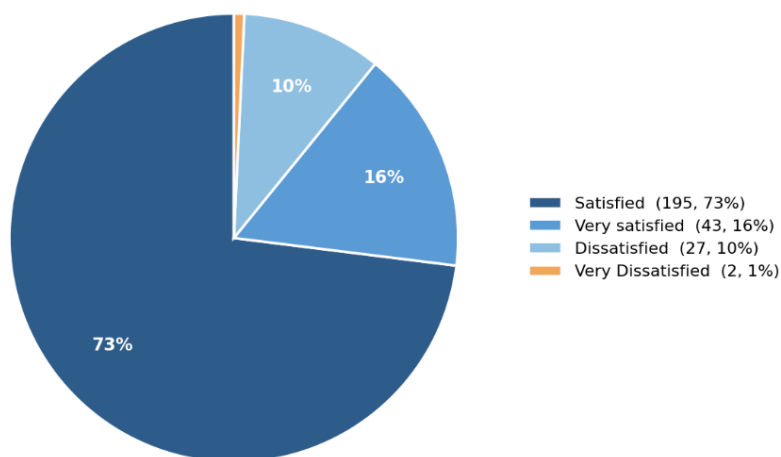
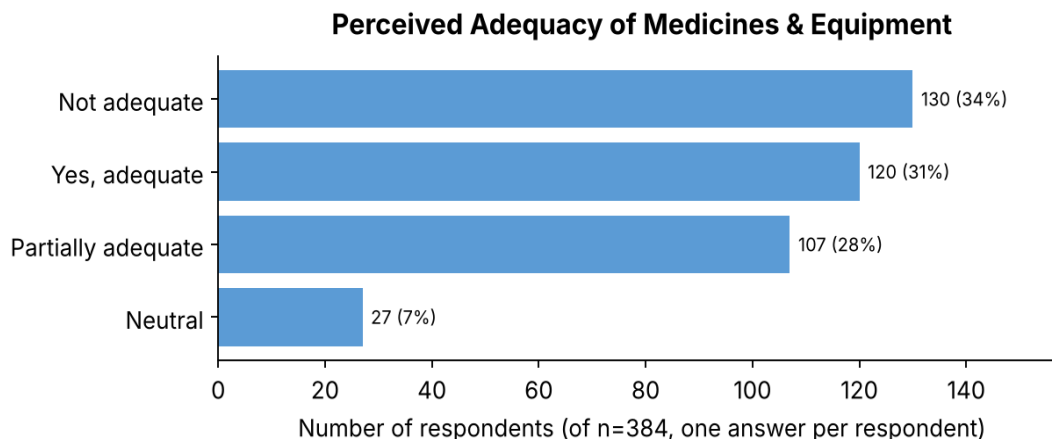


Figure 15: Satisfaction with Health Assistance Provided

- 88% of those expressing a view report being satisfied or very satisfied with health assistance.

4.4 Perceived Adequacy of Medicines & Equipment

*Figure 16: Perceived Adequacy of Medicines & Equipment*

- 34% feel medicines/equipment are not adequate — a persistent supply/quality gap perceived by roughly a third of households

Qualitative insight (FGDs): Health

FGD participants described basic health services as available but noted that specialized treatment, diagnostics, chronic disease management and maternal/mental health support remain harder to access. Transportation, waiting time and the need for accompaniment were cited as barriers, particularly for elderly people, persons with disabilities and women with mobility restrictions. Women and adolescent girls raised privacy concerns and a preference for confidential, adolescent-friendly services.

5. Nutrition



5.1 Received Nutrition Counselling (Last 12 Months)

Received Nutrition Counselling / Cooking Demo (Last 12 Months)

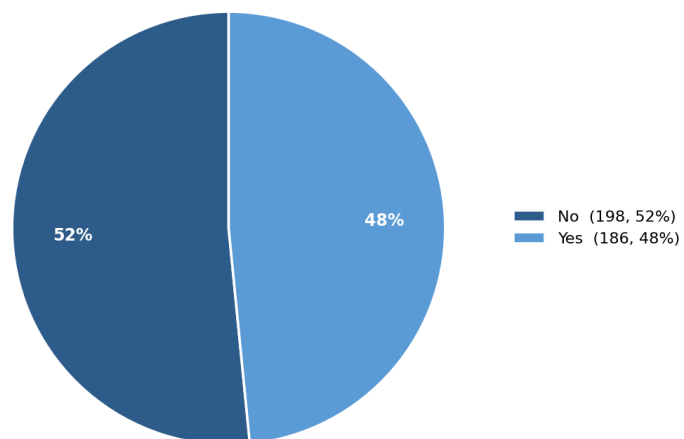


Figure 17: Received Nutrition Counselling (Last 12 Months)

- 52% of respondents had not received any nutrition counselling or cooking demonstration in the past year.

5.2 Change in Food/Assistance Support (Last 12 Months)

Change in Food/Assistance Support (Last 12 Months)

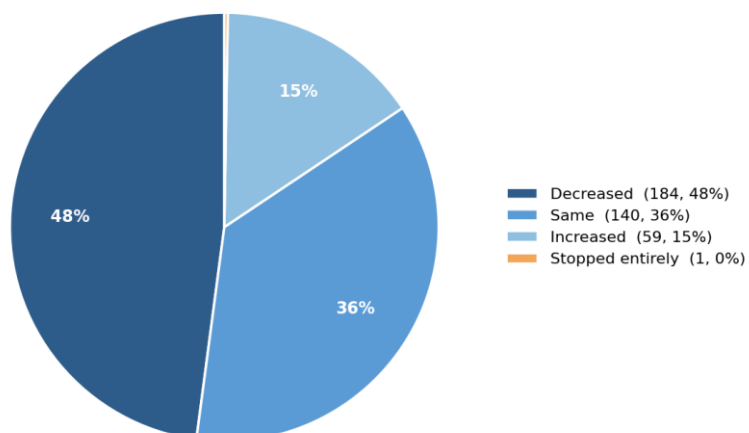


Figure 18: Change in Food/Assistance Support (Last 12 Months)

- 48% of households report that food/assistance support has decreased over the last 12 months.

5.3 Child Under 5 Needed Nutrition Services (Last 6 Months)

Child Under 5 Needed Nutrition Services (Last 6 Months)

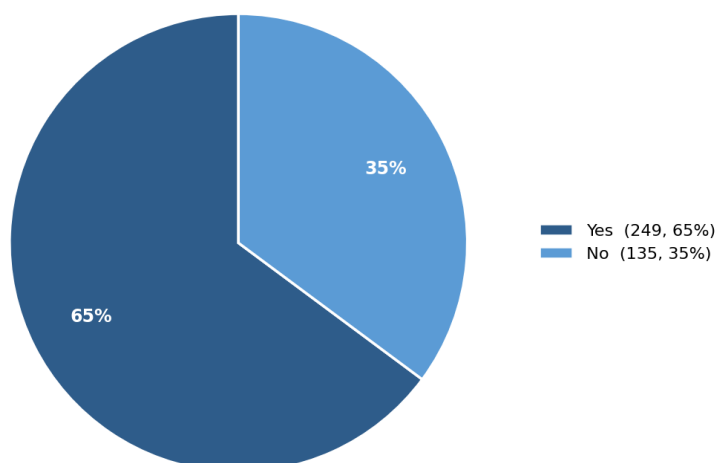


Figure 19: Child Under 5 Needed Nutrition Services (Last 6 Months)

- 65% of households with children under five reported a need for nutrition screening or treatment services.

Qualitative insight (FGDs): Nutrition

FGD participants highlighted continued household dependence on humanitarian food assistance, with reduced assistance levels and limited income increasing pressure on families. Newly arrived households were considered particularly vulnerable to food insecurity due to registration/documentation gaps limiting access to assistance.

6. Water, Sanitation and Hygiene (WASH)



6.1 Household Has Adequate Water for Its Needs

Household Has Adequate Water for Its Needs

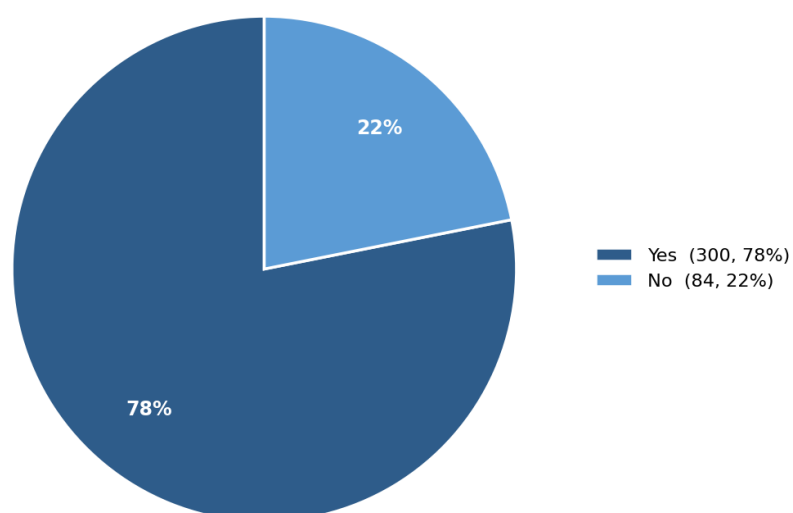


Figure 20: Household Has Adequate Water for Its Needs

- 78% of households report adequate water access.

6.2 Problems Faced Collecting Water

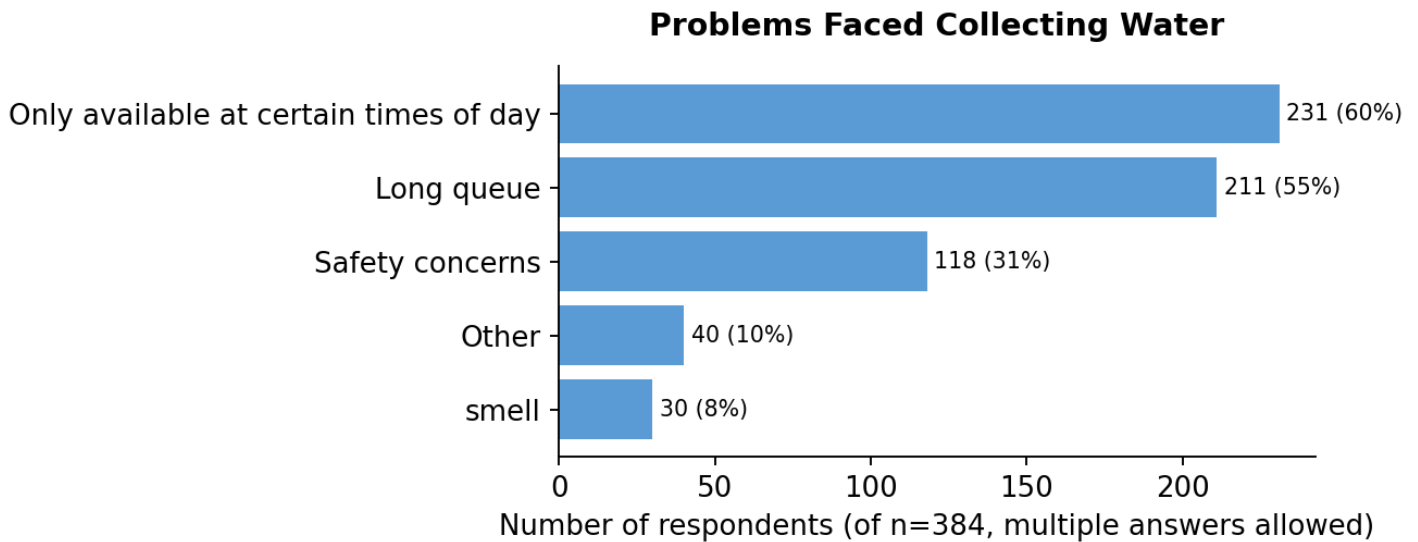


Figure 21: Problems Faced Collecting Water

- Limited availability at certain times of day (60%) and long queues (55%) are the dominant challenges.

6.3 Main Problems with Latrines Used

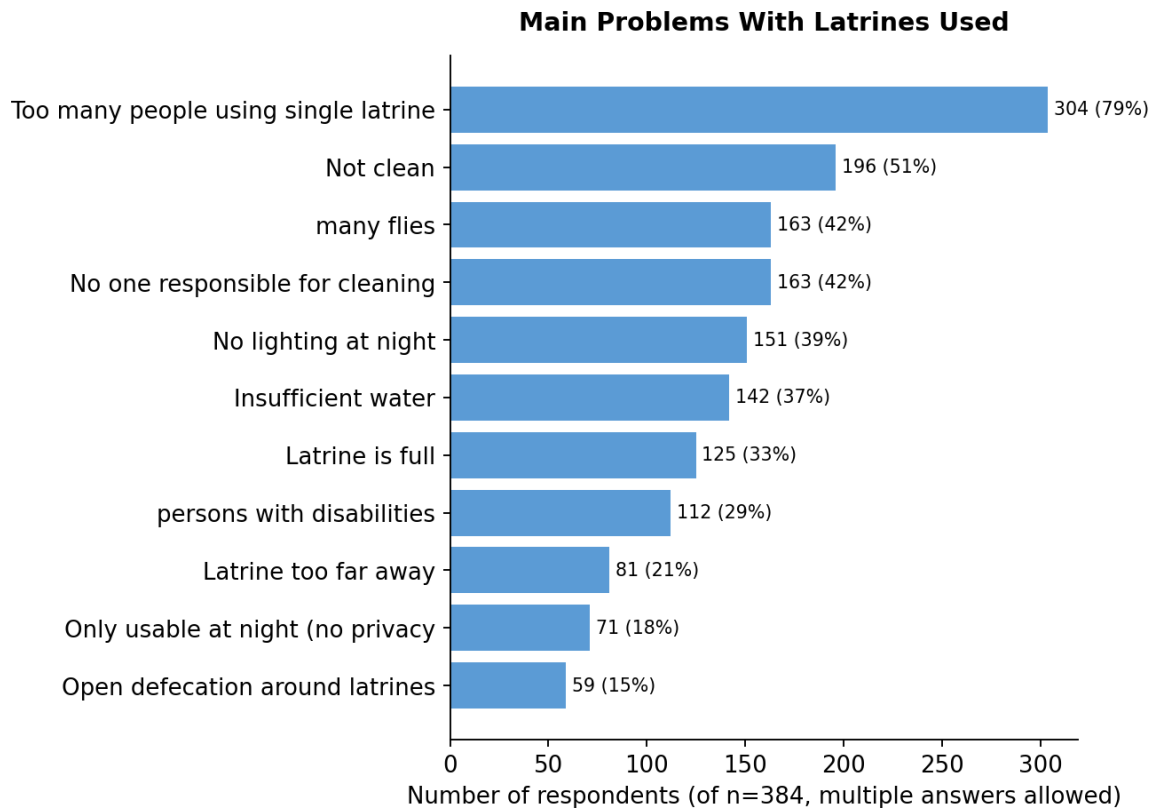


Figure 22: Main Problems with Latrines Used

- Overcrowding (79%) is the most widespread complaint, followed by cleanliness (51%) and lack of a responsible cleaner (42%).

6.4 Latrine Fitted with a Functional Lock

Latrine Fitted With a Functional Lock

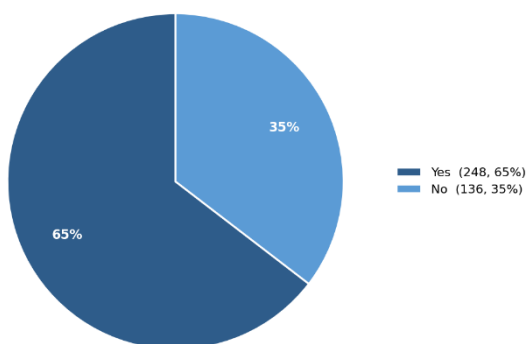


Figure 23: Latrine Fitted with a Functional Lock

- 35% of households lack a functional latrine lock — a direct privacy and safety gap.

Qualitative insight (FGDs): WASH

FGD participants raised congestion, cleanliness and maintenance of latrines and bathing facilities as ongoing concerns, worsened during the monsoon season by flooding and damaged pathways. Women and adolescent girls specifically flagged poorly lit latrines, bathing spaces and narrow pathways as unsafe, especially at night, and requested improved lighting, locks and privacy measures.

7. Food Security and Livelihoods



7.1 Household's Current Sources of Food

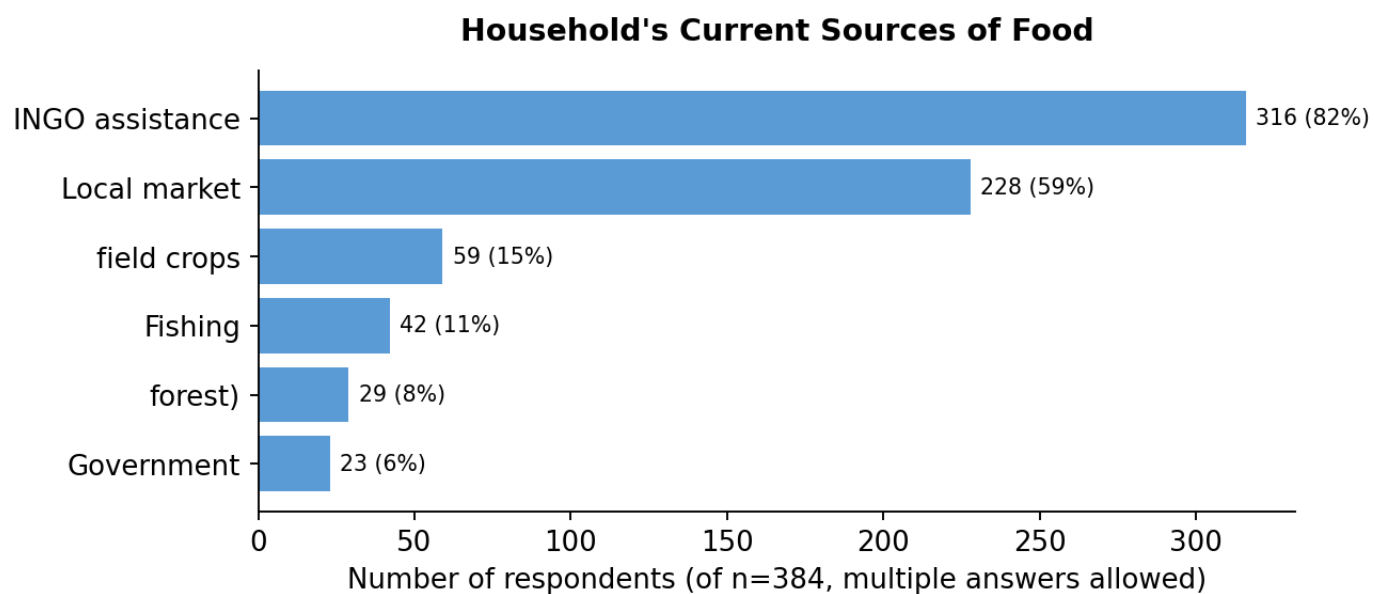


Figure 24: Household's Current Sources of Food

- NGO/INGO assistance (82%) remains the dominant food source, well ahead of local market purchases (59%).

7.2 How Long Household's Current Food Stocks Will Last

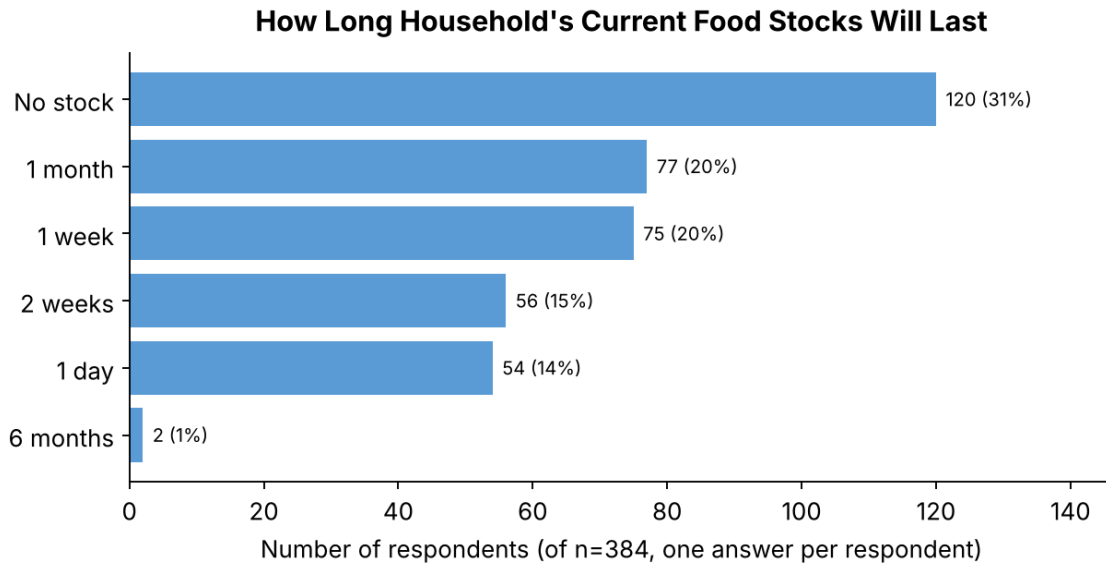


Figure 25: How Long Household's Current Food Stocks Will Last

- 31% of households report having no food stock at all, and a further 20% have only about one week's worth.

7.3 Household's Average Monthly Income

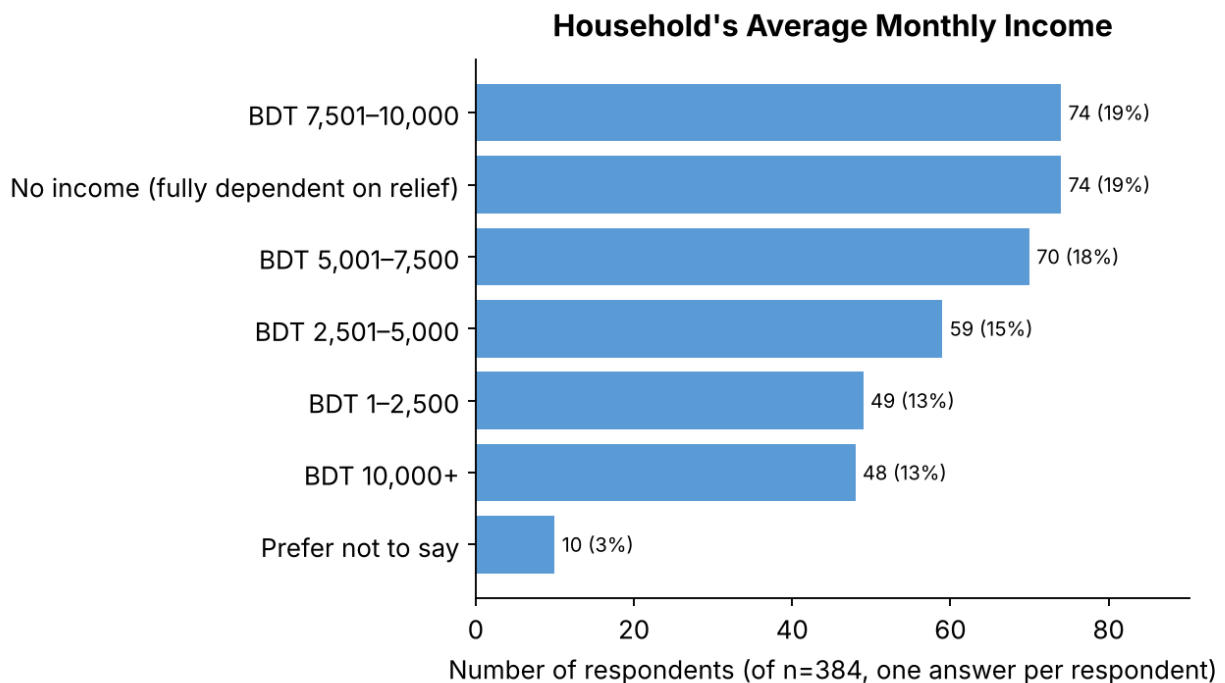


Figure 26: Household's Average Monthly Income

- Income is heavily concentrated at the lower end, with 19% of households reporting no income at all.

Qualitative insight (FGDs): Food Security and Livelihoods

FGD participants described livelihood opportunities as mainly informal casual labor, small-scale trading, tailoring and handicrafts constrained by movement restrictions, limited capital and market access. Women reported being able to engage in home-based activities such as sewing and gardening, but face restrictions on movement outside the household due to social norms. Youth expressed frustration at limited livelihood opportunities after completing education and called for skills-development linked to realistic income-generating pathways.

8. Cross-Cutting Issues (Disaster Risk Reduction)



8.1 Types of Disaster Occurring in the Area

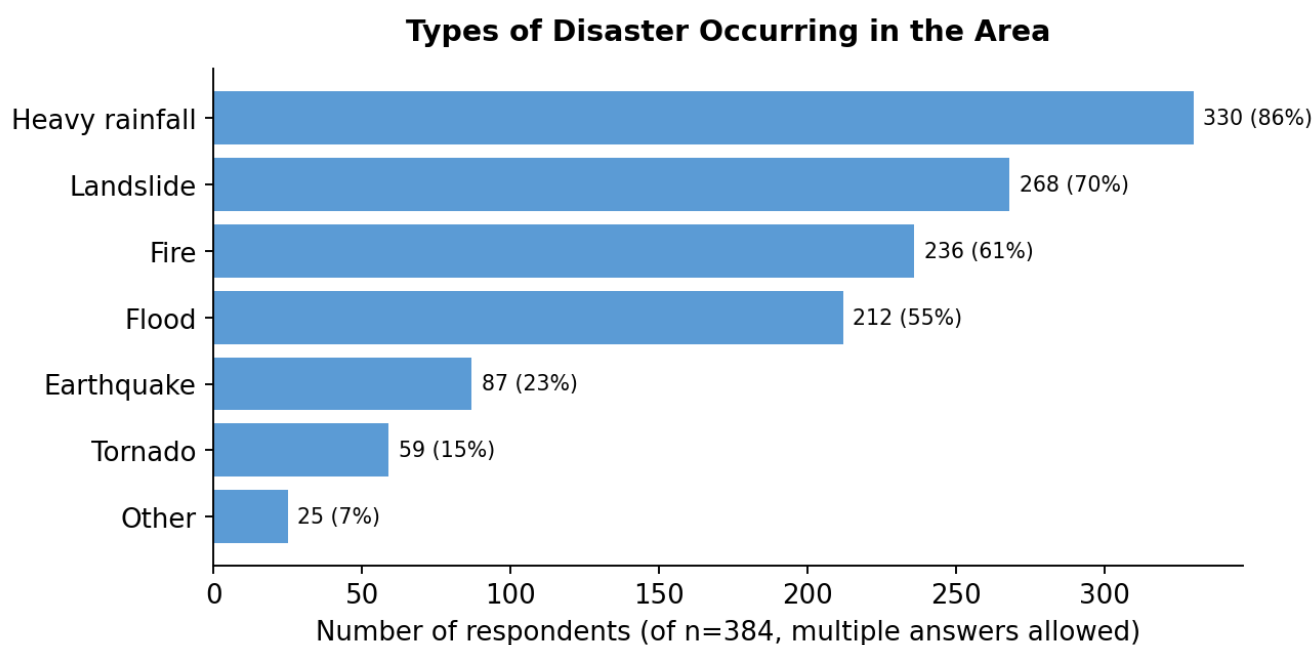


Figure 27: Types of Disaster Occurring in the Area

- Heavy rainfall (86%), landslides (70%) and fire (61%) are the most commonly reported hazards

8.2 Received Relief Items Following a Recent Disaster

Received Relief Items Following a Recent Disaster

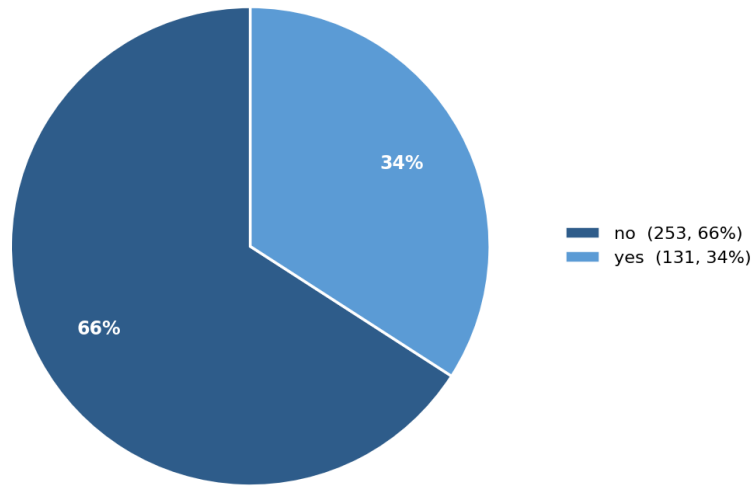


Figure 28: Received Relief Items Following a Recent Disaster

- Only 34% of respondents report having received relief items following a recent disaster

8.3 Recommended Disaster Risk Reduction Activities

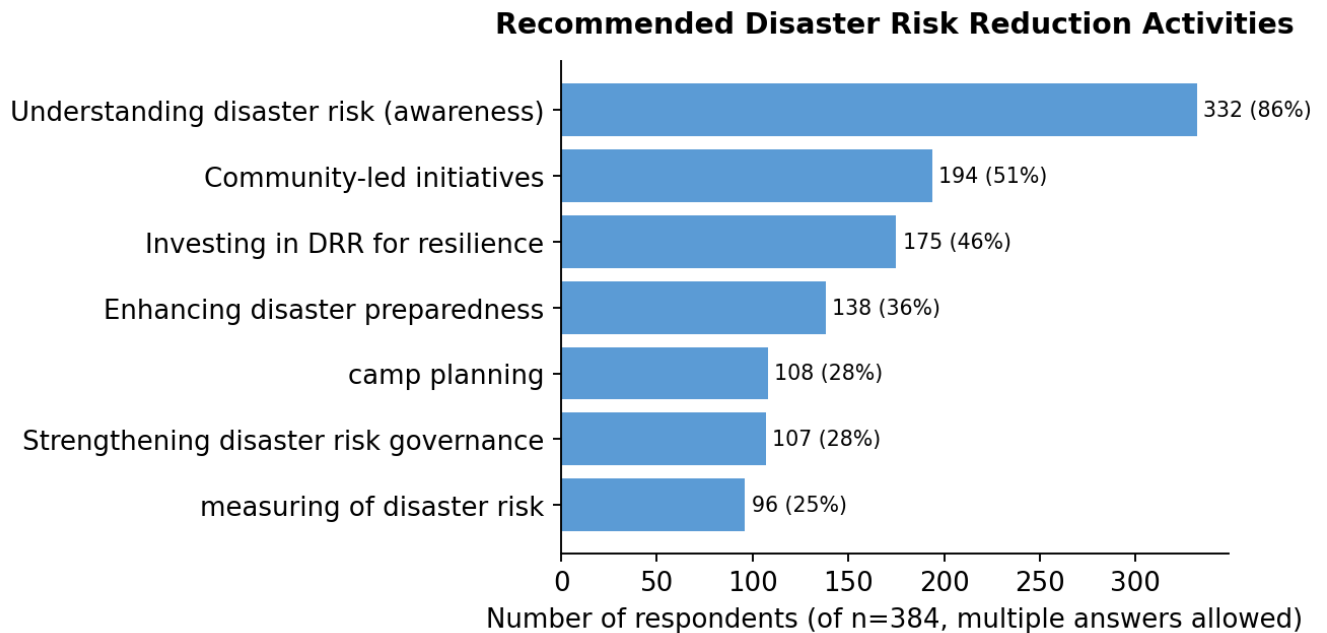


Figure 29: Recommended Disaster Risk Reduction Activities

- Community awareness-raising on disaster risk (86%) is the top-ranked DRR priority.

Qualitative insight (FGDs): Cross-Cutting Issues

FGD participants described heavy rainfall, landslides, fire and extreme heat as major hazards directly affecting shelter conditions and access to services, with dense settlement increasing fire-spread risk. Limited vegetation and widespread use of polythene/plastic shelter materials were noted as worsening indoor heat, particularly affecting children and older people. While community awareness and volunteer/majhi support provide some preparedness, participants flagged inadequate emergency equipment and difficulty evacuating vulnerable people as key gaps.

9. Complaint and Feedback Response Mechanism (CFM)



9.1 Aware of Feedback Mechanisms Available

Aware of Feedback Mechanisms Available

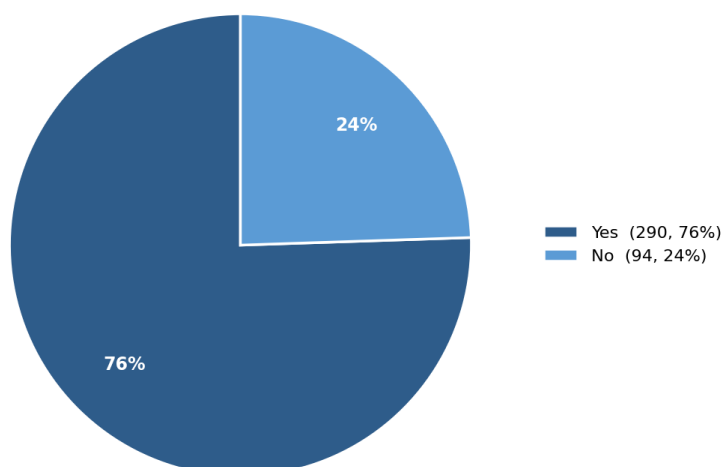


Figure 30: Aware of Feedback Mechanisms Available

- 76% of respondents are aware of available feedback mechanisms.

9.2 Primary Channel for Lodging Feedback/Complaints

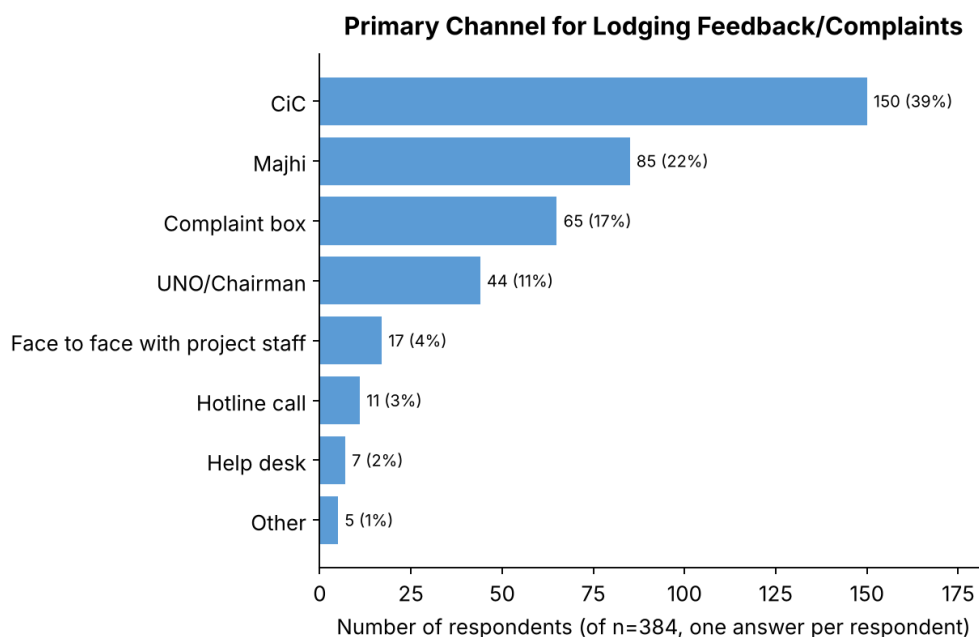


Figure 31: Primary Channel for Lodging Feedback/Complaints

- The Camp-in-Charge (CiC) office (39%) is the leading channel used, followed by the Majhi (22%).

Qualitative insight (FGDs): CFM

FGD participants confirmed multiple available channels for raising complaints majhi/head majhi, community leaders, NGO staff and complaint desks but noted that awareness and comfort using them varies. Concerns about whether complaints are followed up, and whether outcomes are clearly communicated, were raised alongside fears of social pressure and limited confidentiality discouraging some from reporting sensitive issues.

PRIORITY GAPS AND RECOMMENDATIONS BY SECTOR

This section consolidates the key gaps identified through the household survey, the FGDs and the KIIs into sector-level recommendations, intended as a direct reference point for response planning, donor proposal development, and engagement with coordination actors such as sector working groups. For each sector, the table sets out the survey evidence, the supporting FGD and KII findings, the recommended response and the case for donor investment in addressing the gap.

Table 3: Priority gaps and recommendations by sector

Sector	Key Gap Identified	Recommendation
Protection	Survey evidence: Adolescent girls face disproportionate risk (83%); fear of retaliation, stigma and confidentiality concerns are the leading barriers to reporting (49%, 49%, 48%). FGD and KII evidence: Participants identified child marriage, GBV, harassment, trafficking, theft and drug-related risks as ongoing concerns. Women and girls described feeling unsafe on poorly lit pathways and when travelling alone. Majhis and community leaders are usually the first point of contact for protection incidents, but participants questioned fairness and confidentiality and described cases being settled informally rather than through formal channels. They called for stronger confidential referral, survivor-centered support and wider awareness of protection services.	Recommended response: Strengthen confidential, survivor-centered referral mechanisms; invest in community trust-building around formal reporting channels; expand targeted protection programming for adolescent girls. Recommended response: Communities name adolescent girls as the group at greatest risk (83%), yet fear of retaliation, stigma and confidentiality concerns (49%, 49% and 48%) keep many incidents out of formal channels, so the reported picture is likely to understate need. Funding confidential, survivor-centered referral pathways removes the barrier that blocks access to every other protection service, and targets the group the community itself prioritizes. The result is a clearly defined caseload and measurable outputs, such as incidents reported, survivors referred and cases followed up.
Education	Survey evidence: High cost (49%) and lack of teachers (42%) are the top-cited gaps; 28% perceive unequal access between girls and boys. FGD and KII evidence: Participants noted gaps in learning-center capacity, quality of education, materials and teacher capacity, alongside barriers linked to household responsibilities, illness and adverse weather. Girls face additional barriers from household duties, family restrictions, safety concerns and early marriage. Youth expressed strong interest in vocational training, English and digital skills beyond basic education.	Recommended response: Reduce cost barriers to schooling/learning centers; invest in teacher recruitment and training; design targeted retention support for adolescent girls facing household and safety-related barriers. Recommended response: Access is largely in place, with 87% of households reporting children in school or a learning center. The investment need is to make that attendance affordable, well taught and sustained, given the cost barrier (49%), teacher shortage (42%) and unequal access for girls (28%). Funding builds on existing facilities rather than creating new ones, which lowers delivery risk. Retention support for adolescent girls and skills pathways link education to child protection and livelihoods, so a single investment produces results across three sectors.

Sector	Key Gap Identified	Recommendation
Health	Survey evidence: A third of households perceive medicines/equipment as inadequate; specialized, chronic-disease and MHPSS services remain harder to access, especially for women, elderly people and persons with disabilities. FGD and KII evidence: Participants described basic health services as available but said specialized treatment, diagnostics, chronic disease management and maternal and mental health support remain harder to access. Transportation, waiting time and the need for accompaniment were cited as barriers, particularly for elderly people, persons with disabilities and women with mobility restrictions. Women and adolescent girls raised privacy concerns and a preference for confidential, adolescent-friendly services.	Recommended response: Strengthen supply of essential medicines and diagnostics; expand referral pathways for specialized and chronic care; scale up confidential, adolescent- and gender-friendly health and MHPSS services. Recommended response: A working platform already exists: 75% report a facility near their shelter and 88% of those expressing a view are satisfied. The gap is at the specialized end of care and in supplies, with a third (34%) rating medicines and equipment as inadequate. Targeted funding for essential medicines, diagnostics, referral and MHPSS protects the investment already made in facilities and reaches those now dropping out of care, namely elderly people, persons with disabilities and women with mobility restrictions.
Nutrition	Survey evidence: 52% of households have not received nutrition counselling in the past year; 65% of households with under-5 children report an unmet nutrition service need. FGD and KII evidence: Participants highlighted continued household dependence on humanitarian food assistance, with reduced assistance levels and limited income increasing pressure on families. Newly arrived households were considered particularly vulnerable to food insecurity because registration and documentation gaps limit their access to assistance.	Recommended response: Expand outreach coverage for nutrition counselling and cooking demonstrations; strengthen screening and treatment pathways for under-5 malnutrition, prioritizing newly arrived households. Recommended response: Nearly two thirds of households with children under five (65%) report a recent need for screening or treatment, while 52% received no nutrition counselling and 48% report reduced assistance. Funding outreach, counselling and early screening addresses malnutrition before it requires intensive treatment. Prioritizing newly arrived households directs resources to the group most likely to be missed by current assistance.

Sector	Key Gap Identified	Recommendation
WASH	Survey evidence: Latrine overcrowding (79%) and lack of functional locks (35%) create both hygiene and safety risks, particularly for women and girls at night. FGD and KII evidence: Participants raised congestion, cleanliness and maintenance of latrines and bathing facilities as ongoing concerns, worsened in the monsoon season by flooding and damaged pathways. Women and adolescent girls flagged poorly lit latrines, bathing spaces and narrow pathways as unsafe, especially at night, and requested improved lighting, locks and privacy measures.	Recommended response: Invest in additional/rehabilitated latrine and bathing facilities to reduce user ratios; prioritize functional locks and night-time lighting; improve maintenance and cleaning accountability. Recommended response: Water access is largely adequate (78%), so the need is a targeted upgrade rather than new systems: latrine overcrowding (79%), cleanliness (51%), no responsible cleaner (42%) and no functional lock (35%). Lighting, locks, rehabilitation and cleaning arrangements are practical measures that deliver visible results quickly and reduce gender-based violence risk at the same time, so WASH funding carries a direct protection benefit.
Food Security & Livelihoods	Survey evidence: 48% report decreased assistance in the last 12 months; 31% of households have no food stock at all; income is heavily concentrated at the lowest brackets. FGD and KII evidence: Participants described livelihood opportunities as mainly informal casual labor, small-scale trading, tailoring and handicrafts, constrained by movement restrictions, limited capital and market access. Women reported home-based activities such as sewing and gardening but face restrictions on movement outside the household due to social norms. Youth expressed frustration at limited opportunities after completing education and called for skills development linked to realistic income-generating pathways.	Recommended response: Maintain/scale food and cash assistance for the most vulnerable; expand realistic, market-linked livelihoods and skills training, particularly for women and youth. Recommended response: Households have very little buffer: 82% rely on NGO/INGO assistance, 31% have no food stock, 19% have no income and 48% report reduced assistance. Funding market-linked livelihoods, home-based income options for women and skills for youth reduces long-term dependence on assistance and builds resilience, while continued assistance for the most vulnerable prevents further deterioration in the meantime.

Sector	Key Gap Identified	Recommendation
Cross-Cutting / DRR	Survey evidence: High hazard exposure (heavy rainfall 86%, landslide 70%, fire 61%) against comparatively low post-disaster relief coverage (34%). FGD and KII evidence: Participants described heavy rainfall, landslides, fire and extreme heat as major hazards affecting shelter conditions and access to services, with dense settlement increasing fire-spread risk. Limited vegetation and widespread use of polythene and plastic shelter materials worsen indoor heat, particularly for children and older people. Community awareness and volunteer and majhi support provide some preparedness, but participants flagged inadequate emergency equipment and difficulty evacuating vulnerable people as key gaps.	Recommended response: Invest in community-based disaster preparedness and awareness activities; strengthen rapid post-disaster relief distribution and evacuation support for vulnerable households. Recommended response: Exposure is high and recurring (heavy rainfall 86%, landslides 70%, fire 61%), while only 34% received relief after a recent disaster, so each season brings predictable losses that preparedness can reduce. Community awareness is the top priority of respondents (86%). Funding it together with emergency equipment and evacuation support builds on volunteer and majhi structures that already exist, which keeps costs low, and protects shelters, facilities and services funded by other sectors from repeated damage.
CFM	Survey evidence: 24% of households remain unaware of feedback mechanisms; reliance on informal, leadership-based channels (CiC, Majhi) over formal hotlines. FGD and KII evidence: Participants confirmed that multiple channels exist, including majhi and head majhi, community leaders, NGO staff and complaint desks, but said awareness and comfort in using them vary. They raised concerns about whether complaints are followed up and whether outcomes are communicated, alongside fear of social pressure and limited confidentiality, which discourage some from reporting sensitive issues.	Recommended response: Expand CFM awareness campaigns; diversify and promote accessible formal reporting channels alongside existing community structures. Recommended response: Awareness is already high (76%), but most feedback still goes through the Camp-in-Charge office (39%) and Majhi (22%). The need is to close the feedback loop through confidential, accessible channels and clear communication of outcomes. This strengthens accountability to affected people, supports protection reporting and improves the quality of information that donors and coordination actors rely on to target assistance.

LESSONS LEARNT

The lessons below draw on the triangulation of the household survey with the FGD and KII perspectives. They explain not only where the gaps are, but why they persist, and they are intended to guide the design of future interventions and the preparation of funding proposals.

Table 4: Key lessons learnt and implications for programming and funding

Lesson learnt	What the evidence shows	Implication for programming and funding
Service availability does not guarantee access.	87% of households report children attending school or a learning center, and 75% report a health facility near the shelter. Yet 28% perceive unequal education access for girls and boys, and FGDs describe specialized, chronic and mental health care as hard to reach because of transport, waiting time, cost and the need for accompaniment.	Fund the barriers to access (cost, transport, accompaniment, documentation) alongside service delivery, and target the elderly, persons with disabilities, women and newly arrived households.
Confidentiality is a precondition for protection reporting.	Fear of retaliation (49%), stigma (49%) and confidentiality concerns (48%) are the main barriers to reporting. FGDs describe cases settled informally through community leaders, and concerns about follow-up and confidentiality also limit the use of feedback channels.	Make confidential, survivor-centered referral and visible follow-up a core component of protection and CFM programming, with budget for community trust-building and staff capacity.
Safety is shaped by the physical environment.	79% report latrine overcrowding and 35% lack a functional lock. Women and adolescent girls in FGDs identify poorly lit latrines, bathing spaces and pathways as unsafe at night.	Build lighting, locks, privacy and layout into WASH design as protection measures. These are comparatively low-cost actions with direct risk-reduction benefit for women and girls.
Adolescent girls need joined-up, multi-sector support.	Adolescent girls are identified as the group at greatest risk (83%) and child marriage is the most cited concern (78%). FGDs link girls' school attendance to household duties, family restrictions, safety and early marriage, and women and girls ask for confidential, adolescent-friendly health services.	Design integrated packages that combine education retention, protection and adolescent-friendly health, rather than separate single-sector activities.
Thin buffers and falling assistance make livelihoods an urgent priority.	82% depend on NGO/INGO food assistance, 31% have no food stock, 19% have no income and 48% report reduced support. FGDs describe informal, constrained work and youth frustration at limited opportunities.	Combine continued assistance for the most vulnerable with market-linked, locally feasible livelihoods and skills pathways, including home-based options for women.
Preparedness is not yet matched by response capacity.	Heavy rainfall (86%), landslides (70%) and fire (61%) are common, yet only 34% received relief after a recent disaster. Awareness is the top-ranked priority (86%), while FGDs report inadequate emergency equipment and difficulty evacuating vulnerable people.	Pair community awareness with emergency equipment, evacuation support for vulnerable households and rapid relief distribution.
Community leadership is a key entry point but is not sufficient on its own.	The Camp-in-Charge office (39%) and Majhi (22%) are the leading feedback channels, and Majhis are usually the first contact for protection incidents. FGDs raise concerns about fairness, follow-up and confidentiality.	Work through existing leadership structures while training leaders on confidentiality and referral, and promoting formal channels alongside them.

Lesson learnt	What the evidence shows	Implication for programming and funding
Mixed methods explain the reasons behind the survey figures.	The survey shows what is happening: for example, 28% perceive unequal education access and 34% rate medicines as inadequate. FGDs supply the reasons, such as household duties, safety and early marriage, and gaps in specialized care.	Keep the mixed-methods design in future rounds and use the qualitative findings when targeting groups and designing activities.

CONCLUSION

The 2026 MSNA finds that Rohingya refugee and host community households in Cox's Bazar continue to face interconnected needs spanning food security, protection, WASH, education, health and livelihoods. Quantitative and qualitative findings converge on several priority themes: declining food assistance alongside thin food-stock buffers; persistent protection risks concentrated among adolescent girls, compounded by a confidentiality gap that discourages reporting; WASH infrastructure that exists but is overstretched, particularly around latrine overcrowding and night-time safety; and disaster exposure that outpaces post-disaster relief coverage.

Service availability does not always translate into effective access: documentation gaps, mobility restrictions, social norms, cost, and confidentiality concerns all continue to act as barriers, particularly for women, adolescent girls, persons with disabilities, elderly people, and newly arrived households.

These findings, and the sector-level gaps and recommendations summarized above, are intended to serve as a direct evidence reference for humanitarian actors including OCHA and sector working groups in identifying priority needs and shaping future response planning and funding proposals in the Rohingya refugee and host community context in Cox's Bazar.