# Final Report

Identification of Disabilities and Rickets Symptoms Among Population in 2 Unions and 10 Rohingya Camps of Ukhiya Upazila under Cox's Bazar District

Project Name: Delivering Health, Nutrition and Livelihood and Protection Services to the Rohingya Refugees and Vulnerable Host Communities in Cox's Bazar, Bangladesh.

Submitted to:

SARPV

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Abbreviations and Acronyms

CBO	Community Based Organization
CwD	Children with Disability
CWW	CONCERN Worldwide
DCI	Data Collection Instrument
GoB	Government of Bangladesh
HH	Household
IRC	International Rescue Committee
MBBS	Bachelor of Medicine and Surgery
MAD	Minimum Acceptable diet
MDD	Minimum Dietary Diversity
NGO	Non-Government Organization
NCD	Non-communicable disease
PCSL	Pathways Consulting Services Ltd.
RMP	Rural Medical Practitioner
SARPV	Social Assistance and Rehabilitation for the Physically Vulnerable
SRS	Systematic Random Sampling
ToR	Terms of Reference
UP	Union Parishad
WASH	Water, Sanitation and Hygiene

Acknowledgment

Executive Summary

Background

Sponsored by CONCERN Worldwide, Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) is implementing the captioned project in Ukhiya upazila. The project components include treating children with disabilities (CwD). So, prior to implementation of the project interventions, SARPV had initiated this survey among 15,099 and 64,241 households living in the Host and Rohingya communities respectively from 2 unions of the upazila. The main objectives of the survey have been to estimate the person with disability (Persons with disability) and prevalence of Rickets and assess the food intake practices among the population and the children. The survey was conducted during early June 2021 among 616 households randomly drawn from the two communities. Mothers/ caretakers of the children under 13 years were interviewed from the survey households. Pathways Consulting Services Ltd. (PCSL) has conducted the survey with active collaboration of SARPV. Apart from guiding and supervising the total assignment, SARPV undertook the responsibility of interviewing the respondents through engaging its own field staff members under guidance of PCSL.

Major findings as per the objectives:

a) Persons with disability was found among 10.7% of the sample households in the Host community and 14.3% in the Rohingya community. More than one persons with disability was recorded in 1.3% and 3.2% of the households in the two communities respectively.

b) It was also found that children with disability (CwD) of any kind in the age group of 6 months to 13 years was 3.7% in the Host community and 4.9% in the Rohingya community. Rickets affected child was found in 2.6% of the sample households in the Host community and 1.9% in the Rohingya community. They are part of the CwD as mentioned above.

c) a larger proportion of the children of the particular age group show five earlier symptoms of Rickets. Low growth, Curved legs from knee to ankle and Feeling of pain while walking are reported more than other two. At least one early symptoms of Rickets were reported by 13.1% of the mothers in the Host community and 11.7% in the Rohingya community.

d) Awareness about calcium was found poor among the respondent mothers. Only 37.7% of the respondents from the Host community and 16.9% from the Rohingya community reported that they are aware of the need for Calcium in our body. Majority of these mothers did relate calcium with bone formation or strengthening of bones.

e) Protein and calcium rich food items are relatively absent among a significant proportion of the sample households. About a quarter of the households did not consume any animal protein/ fish, and around 40% of them did not consume egg and Legume/nuts/seeds during last 24-hour in both the communities.

Recommendations:

1) The project management should take note of the estimates of the survey variables above and other related findings, and share those with the health and nutrition service providers of their own as well as other government, NGO or private level to prepare action plans in addressing the child health care issues in general and the nutritional disability and Rickets problems in particular in the project area. 2) As because the nature of disability among the recorded 3.7% disable children of Host community and 4.9% of the in the Rohingya community is mild to moderate and they are mostly physical in nature, and also 13.1% and 11.7% children in the two communities respectively are showing at least one initial symptoms of Rickets, immediate steps should be taken to prevent them from deterioration and become burden to the family and the society. 3) The nutritional aspect of the survey is only indicative of the situation. There is further scope of studying about it especially as regards inclusion of locally available calcium rich food stuff in the regular food baske

1. BACKGROUND AND METHODOLOGY

1.1 Background of the project

Two and a half years since the start of the Rohingya influx from Myanmar to Bangladesh, crucial gaps still exist in the provision of vital health and protection programming in the camps and host communities. Cox's Bazar is home to more than 859,000 Rohingya refugees (UNHCR Operational Dashboard: 2020 Indicators Monitoring, 31st March 2020), who have inadequate access to healthcare and protection services and live in small, confined shelters. Refugees living in overcrowded camps lack access to adequate healthcare, nutrition, and shelter, posing major challenges in efforts to protect them from disease and protection concerns. The scale of the influx has created a severe strain on the host community in terms of infrastructure, public services and the local economy. In a study to be published in May 2020, the International Rescue Committee (IRC) identified gaps in access to healthcare, with 48% reporting using a pharmacy for a serious medical condition; and reports of increased fear for their safety among the respondents since the influx.

The COVID-19 pandemic brings a new dimension to the refugee crisis in Cox's Bazar. Gaps already exist in both access and quality of services; most of the existing health facilities fail to meet minimum quality standards for Primary Health Care (PHC) and provide Minimum Initial Service Package (MISP) for Reproductive Health (RH). The leading causes of death in the camps are communicable diseases: acute watery diarrhea (AWD) and acute respiratory tract infections (RTI). Given the vulnerability of the refugee population to RTI, a COVID-19 outbreak will have disastrous consequences, and there is a risk that health and social service systems will face greater burdens and shortages. Further, cases of non-communicable disease (NCD) cases are on the rise, with increasing numbers of with patients in need of correct diagnosis and treatment. Critical gaps also exist in the provision of comprehensive reproductive, maternal, neonatal and child health. Until October 2019, only 18% of deliveries in the camp occurred in health facilities. Services for clinical management of rape (CMR) is not available uniformly in emergency primary health care units.

In order to minimize the risk of transmission of COVID-19, the Refugee Relief & Repatriation Commissioner (RRRC) has limited the humanitarian space in the camps, allowing only lifesaving services including health, nutrition, food distribution, LPG distribution, WASH, protection, site management, and logistics services. Those already at high risk of rights violations are likely to face even higher risk of harm, and community support networks will likely to be strained by rates of sickness and the demands of social distancing. It has been

recognized on a global level that rates of intimate partner violence (IPV) are likely to rise while people's movement is restricted and social distancing advice remains in place[1]. These conditions will compound existing challenges: only 39% of minimum service coverage was achieved in 2018 for GBV case management, and in 2019 the IRC saw a 10% increase in the numbers of women and girls reporting feeling unsafe. Instances of GBV are often attributed to patriarchal norms, and further, limited livelihood opportunities puts pressure on adolescent girls to marry early or risk being trafficked.[2] In response, local and international organizations and the government have put in place emergency GBV prevention and response services in camps and accessible to host communities, yet given the scale of the crisis, effective and quality services are lacking due in part to limited capacity of implementers.

According to the Joint Response Plan (JRP) for the Rohingya Crisis 2020, host communities in Cox's Bazar District also have unaddressed basic needs and are exposed to serious protection risks, due to factors including poverty, limited access to livelihood opportunities, limited availability of public services and inadequate infrastructure. The lack of strong technical foundations and capacity increases the risk of causing harm; only two national NGOs are on the JRP funding list, demonstrating this vast gap. This in turn reduces survivors' access to services more broadly, in particular for adolescent girls who are denied agency and therefore have increased risk of GBV and most lack access to quality support services, such as GBV case management and psycho-social support. It is therefore vital to support local actors to increase their capacity to prevent and respond to GBV in their communities.

The nutritional status of a nation's children is a harbinger of that nation's health in the coming years, which makes establishing nutrition in children under 2 critical[3]. In Bangladesh, 41% of children under 5 years[4] are stunted, indicating chronic malnutrition, with potentially irreversible underdevelopment, often resulting in performance difficulties at school and/or work. Chittagong division, where Cox's Bazar district is situated, is the second worst division in Bangladesh in terms of rates of stunting, with 38% of children under 5 moderately stunted and 14% severely stunted. From November 2018[5] to November 2019[6], acute malnutrition increased in PLW from 2.8% to 5%, 59.7% of children under 2 years were anemic, and 18%[7] of older persons (60+ years) had acute malnutrition. The highest prevalence of rickets in Bangladesh is reported in Cox's Bazar: 1.4% of children 1-15 years old, with calcium deficiency emerging as a leading cause[8], attributable to poor dietary diversity. While 54% of

[1] Van Gelder et al., April 2019 https://www.thelancet.com/pdfs/journals/eclinm/PIIS2589-5370(20)30092-4.pdf
[2] IRC- Protection Monitoring report.
[3] First 1000 Days: The Critical Window to Ensure the Children Survive and Thrive, by UNICEF South Africa, May 2017
[4] Nutrition Situation Analysis, Bangladesh, published by FAO, UNICEF, WFP and WHO, in September 2014
[5] Emergency Nutrition and Health Assessment Round 3
[6] Emergency Nutrition and Health Assessment Round 4
[7] Needs and Gap Analysis Older Refugee Population Cox' S Bazar, Bangladesh, by HelpAge International, 2018
[8] Rickets: An Overview and Future Directions with Special Reference to Bangladesh, by Rickets Convergence Group, January 2006

households had acceptable food quantity consumption score, only 22% consumed food from at least four food groups recommended for good nutrition[9]; with 41% selling humanitarian assistance items and 69% borrowing money for health care and/or food. A desk review of market assessments conducted from 2019 to 2020 highlighted portable skills in handicrafts, tailoring and retail sales for camps, and poultry farming and electronics and mobile phone repair for host communities. The COVID-19 pandemic which has spread to Bangladesh is expected to have a negative economic impact[10] with food security implications for both camps and host communities in Cox's Bazar.

While there has been a strong increase in information access among refugees, compared with the beginning of the response in 2017[11], gaps remain. Women are underserved by current information and community engagement provision, and there is a need to ensure that organisations within the response are supported to better communicate with women and understand their needs. Women's language and communication channels differ from men's and are not yet well understood or appreciated by most agencies working in the response. Information needs are also not currently being well met in host communities,[12] a group with increasing concern for their livelihoods and finance, leading to risks of increased tension between the two communities. There is therefore a need to increase support to practitioners to communicate with host communities on these key areas.

Access to information also varies from topic to topic. While information about basic services appears to be getting through, refugees cite the need for information on topics such as finance, aid registration, events in Myanmar and long-term options for their and their children's futures[13]. Language gaps are particularly challenging in these complex, socially sensitive areas for refugees. Further progress in more complex topics must involve supporting aid providers to communicate clearly in spoken Rohingya, which is preferred by refugees.

1.2 Background of the study

Sponsored by CONCERN Worldwide, Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) is implementing the captioned project in Ukhiya and Rohingya camps. The project components include treating children with disabilities (CwD). So, prior to implementation of the project interventions, SARPV had initiated this survey to have a baseline on the percentage of the Rickets Children in 2 unions of Ukhiya Upazila and 10 Camps of Rohingyas in the same upazila. Participating in a competitive bid, Pathways Consulting

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[9] Joint Multi Sector Needs Assessment Refugees and host communities. Preliminary findings, 1st October 2019
[10] Cox's Bazar Food Security Sector COVID-19 Strategic Response – version 2, April 2020
[11] Ground Truth Solutions, Nov 2019 – 66% of refugees report feeling that they have the information they need to meet their own and their family's needs.
[12] Ground Truth Solutions, Nov 2019 – 53% of host community members felt informed about the kind of aid/services available to them; and 52% said they were aware of activities and support for locals by aid providers in their area.
[13] Internews – Information Needs Assessment – April 2019

Services Ltd. (PCSL) had taken up the responsibility to conduct the survey and signed a contract for the same. This is to mention that apart from guiding and supervising the total assignment, SARPV undertook the responsibility of interviewing the respondents through engaging its own field staff members under guidance of PCSL. As per SARPV records, the survey population is as under:

Table-1: Target area Households and children under 5 years

Sl. no.	Camp/ Union	# of HHs	# of Under-5 children
1	Camp 4	7022	5673
2	Camp 5	5232	4570
3	Camp 6	4594	4906
4	Camp 8W	6678	6557
5	Camp 10	6110	5771
6	Camp 13	8798	7624
7	Camp 14	6575	5501
8	Camp 15	10466	8860
9	Camp 16	4484	3786
10	Camp 22	4282	3435
Sub-total (Rohingya)		**64,241**	**56,683**
11	Holdiapalong union	9694	8615
12	Rotnapalong union	5405	4905
Sub-total (Host)		**15,099**	**13,510**
Total		**79,340**	**70,203**

1.3 Study objective

The specific objectives of the survey are –

a) To estimate the person with disability (Persons with disability) among the targeted area people.

b) To determine the calcium deficiency rickets prevalence among children aged 6 months to 13 years

c) To assess the intake of calcium rich food for children aged 6 months to 13 years

d) To determine the access to safe water and sanitation facilities

e) To propose recommendations in terms of program implementation and rickets surveillance according to the findings.

1.4 Methodology and Sampling Design

This is exclusively a quantitative survey conducted among a statistically drawn representative number of households having at least one child aged 6 months to 13 years from the target area. The mother of the child/children in the sample households have been interviewed using a questionnaire developed by the agency and reviewed by the client. The SARPV engaged

10 field interviewers and their supervisors were thoroughly oriented and equipped for conducting the survey by two PCSL professionals visiting the project office at Ukhiya during 24-28 May 2021. Relevant SARPV officials also participated in the orientation and provided all needed support for the same.

1.5 Sample size

Assuming that Bangladeshi and Rohingya population are different in many respects concerning disability and rickets, independent samples were drawn for the two population segments. Equal number of samples (300) were proposed to be drawn from the two segments using the formula of sample size determination as under:

$$\boldsymbol{n} = \frac{z^2 PQ}{e^2}.(de)$$

        Where,

             n = sample size
             p = Proportion/probability of success
             q = 1-p
             e = allowable margin of error (5%)
             de =design effect = 1.5 for multi-stage sampling,

        Assumptions:

             z = 1.96 (The value of the standard variation at 95% confidence level)
             p = 0.5 (for multiple indicators)
             q = (1-p) = 0.5
             e = 0.07 (precision level 93%)

Therefore, using this formula the sample size (n) has been calculated

n = (1.96^2) * (0. 5)*(0.5) / (0.05 ^2) = (3.8416 * 0.25) / (0.0049) * 1.0 = (0.9604 / 0.0049) * 1.5 **= 294**

A few more respondents than proposed were actually interviewed by the field interviewers and they have been retained. Finally, the survey respondents stood at 616 with equal number (308) from the local (hereinafter called 'Host') and Rohingya community.

1.6 Selection of survey households and respondents

- Equal number (308) of samples have been drawn from both the population segments (Host and Rohingya community) totaling 616.
- Multi-stage random sampling procedure was followed in selecting the ultimate sampling spots to draw the households.
- From the Host community, equal number of interviews have been conducted from the unions, wards and villages/clusters. From 2 unions 8 wards were selected at random taking 4 wards from each union. Then 2 villages were selected randomly from each ward to have 2x4x2=16 sample clusters. Then from each village or cluster 19 or 20 households with at least one child aged 6 months to 13 years of age were selected.

- From the Rohingya community, 16 blocks were selected randomly taking 2 from each of the 8 camps. Then from each of the 16 blocks or clusters 19 or 20 households with at least one child aged 6 months to 13 years of age were selected.

- The interviewers adopted systematic random sampling method in selection of the households for which they were trained in the orientation session.

- From each household, mother/caretaker of the children of the specified age were interviewed as per the questionnaire.

1.7 Data Collection Instrument (DCI)

The survey questionnaire was developed jointly with SARPV officials to address the survey objectives. Our previous experience of conducting Rickets survey was helpful. Among others, "Training module on Rickets identification" and "Simple test of identification of disability case of Washington Groups" supplied by SARPV was useful. The questionnaire in Bangla and English are attached as Annex-2.

1.8 Method of Data Collection

The field data have been collected through server controlled online data collection method. Once the questionnaire was finalized, the online/ODK version of the same was prepared and used in the orientation of field interviewers (FI). The SARPV engaged FIs used smart phones of their own and had conducted the interviews. The SARPV officials supervised them in the field and PCSL officials monitored the activity online to ensure quality of the collected data. Concerned officials of PCSL and SARPV kept interacting with each other to identify and resolve any problems that might arise. The field data were collected during the first fortnight of June 2021.

1.9 Data Analysis and Reporting

At the end of interviews and uploading all records to the server by the FIs, the data were downloaded from the server by PCSL, properly edited and cleaned to prepare the database. The data were then tabulated as per the approved analysis plan. The complete set of tables generated from the database was shared with the client for their initial review and comment prior to the drafting of the report. This is the draft report compiled by the study team members under guidance of the principal investigator. The report is kept short and concise with detailed annexes. The report describes the project and study background, methodology, major findings and estimated the value of the variables as per the objectives to make it useful for the project management and also as benchmark for the future.

Although the tables generated from the database, as attached, show the findings side by side for the two communities/ segments, they represent two distinct communities. It is therefore advisable to assess the baseline status of the two communities independently.

2. PRESENTATION OF FINDINGS

2.1 Respondent and Household Profile

For obvious reasons the profile of the respondents and their households was collected mostly for the Local/ Host community and thus the tables (attached) show blank/ zero for the Rohingya segment.

2.1.1 Profile of the respondent

Gender: The respondents are all females and mothers/caretakers of the targeted children (aged 6 months to 13 years).

Age: Their average age of the respondents is about 30 years for both Local and Rohingya communities/ segments with slightly higher average and slightly lower dispersion for the Locals.

Education: Educational status of the respondents is quite low for both the segments. Above primary level of education was 41.2% for the locals as compared to 22.5% for the Rohingyas.

Profession: Almost all (96.8%) the respondents in Local community are housewives. Others in some jobs (1.5%) or in business (0.6%). Such information was not collected for the Rohingyas.

2.1.2 Profile of the heads of households

The major occupations of the head of the households in order of frequency are: skilled labour, trading/ business, farming in own or shared land, rickshaw/van pulling, unskilled laborer, NGO/private service, emigrant, Imam and a few more. The professions look similar in the two unions but vary a lot across the

Main occupation of the head of HHs

Occupation	Value
Advocate	0.3
	0.6
Emigrants	2.6
	2.3
Skilled laborer	29.9
	10.7
Fisherman	0
	4.5
Small business/ traders	14.3
	12.3
Farmer (share cropping)	8.1
	5.5
Teaching/ tuition	2.3
	5.8
Govt. service	0.6

asset quintile groups. The information was not collected for the Rohingya community. [Annex Table c_q1].
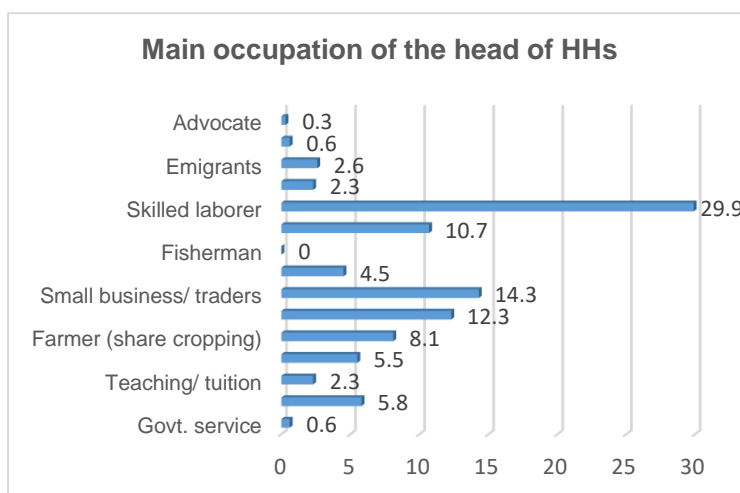
2.1.3 Ownership of dwelling house and possession of durable assets

As background information of the households studied, the following are some of the information collected and are presented below grouped by union for the host community. Such information was not collected for the Rohingya community.

It may be seen from the summary table below that people mostly (90.3%) live in their own houses land but large majority (71.4%) of them do not own any other land. However, almost all the households have electricity connections (94.5%) and they use cell phones (92.5%). Majority of them have table, chair, almirah their houses but very few have TV (17.5%), sewing machine (8.4%), bicycle (1%) or motor bikes (2.6%). Ratnapalong union looks better as regards ownership of household facilities and assets as compared to Haldiapalong union. Further details may be seen in the annex tables.

Table-2.1: Selected household characteristics

Description	Haldiapalong	Ratnapalong	Total
Ownership of house			
Own	82.5	94.8	90.3
Rented	5.8	3.2	4.8
Live without rent/ Other	11.7	1.9	4.8
Own any land other than dwelling			
Yes	26.6	30.5	28.6
No	73.4	69.5	71.4
HH facilities/ assets			
Electricity	92.2	96.8	**94.5**
Electric fan	79.9	90.3	**85.1**
Cell phone	89.0	96.1	**92.5**
Khat/ Chowki	73.4	71.4	**72.4**
Table	61.7	80.5	**71.1**
Chair/ bench	66.2	91.6	**78.9**
Almirah/ Wardrobe	46.1	65.6	55.8
Watch/ Clock	17.5	30.5	**24.0**
TV	10.4	24.7	**17.5**
Sewing machine	8.4	8.4	**8.4**
Bicycle	1.3	0.6	**1.0**
Motor bike	1.3	3.9	**2.6**
Type of latrine use			
Hygienic/ Water-sealed Septic tank, Ring-slab or Pit latrine	30.5	35.7	**33.1**
Unhygienic/ Not water-sealed) Septic tank, Ring-slab or Pit latrine	55.8	50.0	**53.0**
Hanging/ Open latrine	9.7	10.4	**10.1**
Open defecation/ field	3.9	3.9	**3.9**

Description	Haldiapalong	Ratnapalong	Total
Drinking water sources			
Tube-well water	93.5	91.6	**92.5**
Tap/ piped water	4.5	5.2	**4.9**
Filter water (Home/ community)	1.9	3.2	**2.1**
Available space for home based vegetable gardening and/or small scale poultry farming			
Yes, has space	51.3	47.4	49.4
No such space	69.7	36.5	61.7
N= All HHs	**154**	**154**	**308**
Organized kitchen gardening	21.5	16.4	19.1
Organized poultry farm	20.3	9.6	15.1
Scattered Vegetable gardening	30.4	38.4	34.2
Open poultry rearing	40.5	60.3	50.0
N= Those have space	**79**	**73**	**152**

2.1.4 Socio-economic classification

The households in this survey have been categorized into 5 (five) socio-economic levels using an index of household assets following the standard principle known as Asset Quintile. The presence/absence and ownership information collected in the survey include: presence of electricity, ownership of Elmira/ Wardrobe, bicycle, motor cycle, television, electric fan, table or chair, watch, *khat/ chowki*, sewing machine and cell phone, type of toilet, and materials used in roof, wall and floor of main dwelling house and ownership of land.

The index is constructed using the method of principal components which assigns each asset a factor score. The total factor score for a household is the sum of the factor scores for each asset owned by the household. Households are then categorized into quintiles based on their total asset score. This methodology has been applied to the 1996 Bangladesh Demographic and Health Survey (BDHS) by Gwatkin et. Al, (2000), to the BDHS 1999-2000, 2001 Bangladesh Maternal Mortality and Maternal Health Services (BMMS 2001) data, 2003 NSDP evaluation survey data and many others subsequently.

2.2. Disease Profile and Health Care Facilities

2.2.1 Prevalence of disease among children and cost of treatment

Respondent mothers/caretakers were asked whether any of their children (6 months to 13 years of age) was sick during the interview and/or became sick within past 3 months. In either case the information on the sick children, if any, were collected as regards kind of sickness/disease, present condition, days suffered/suffering, treated or not, and cost of

treatment in three months. Any disability related sickness was not included here and was dealt with separately.

55.5% of the respondents in the Host community and 33.8% in the Rohingya community reported that at least one child of the specified age group in their households is presently sick or became sick during past 3 months. A least one sick child in the households during the time of interview was reported by 28.9% in the Host community and 12.6% in the Rohingya community.

Among those became sick, fever/cold was the most widely reported disease suffered by children in the Host and Rohingya communities (84% and 92.8% respectively) distantly followed by diarrhea/dysentery (4.7% and 4.5%). Other more frequently mentioned diseases were: malnutrition and skin disease. Doctor consultation was reported by 85.5% in the Host community and 90.1% in the Rohingya community. Average expenditure for treatment was Tk.1,267 and Tk.736 in the Host and Rohingya community respectively.

Table-2.2: Prevalence of sickness among 6-month to 13-year age children and treatment expenses, by community

| Segment | Presently sick | Sickness within 3 months | Kind of sickness | | | Consulted a doctor | Amount spent in 3 months (Avg. Tk.) |
			Fever/ Cold	Diarrhea/ Dysentery	Skin Disease		
Host community	28.9%	55.5%	84.0%	4.7%	3.9%	85.5	1,267
Rohingya community	12.6%	33.8%	92.8%	4.5%	1.8%	90.1	736
Total	**24.0%**	**44.6%**	**86.6%**	**4.6%**	**3.3%**	**86.9**	**1106.8**

2.2.2 Health care facilities and Use

It is important that in every area there are some good health care facilities and also that they know about them. When there are multiple sources, people choose one or more depending on various factors including distance, nature of disease, dependability, perceived or actual cost and many others. Access to health information and facilities also are important determinants. The study inquired the related issues from the respondents through asking several questions, the responses of which are available in the detailed tables. We present below some of the important ones.

The respondents were asked about the facilities where people of the communities and the household members usually go for their treatment. Naturally they mentioned more than one sources as may be seen below for the Host and Rohingya communities (Table-2.3). It may be noticed that while the Host community has a wider choice, the Rohingya community mainly depends on NGO clinics. For further details, please see Annex table- f_q1.

Table-2.3: Health facilities where the people and household members usually take services

Health facility	Host community	Rohingya community
Govt. hospital/health center	57.5	11.7
NGO clinic	11.4	95.8
Private clinic	24.0	13.3
MBBS Doctor (private)	31.5	5.5
RMP/ *Palli Chikitshak*	32.8	8.4
Pharmacy salesmen	59.1	15.6
Homeopath	0.3	0.0
N= All HHs	**308**	**308**
Multiplicity of response	**2.2**	**1.5**

2.2.3 Decision making for treatment:

In the Host community, only 5.8% of the respondent (mothers/caretakers) said that they decide about the source of treatment when any member becomes sick. Among others and another 41.2% said that their husbands take the decision and 49.7% said that they decide jointly with their husbands. That means about 40 percent of the respondents had no say over the decision. No specific trend is visible in responses among the sub-groups. In the Host community, the responses are similar except that a higher proportion of the respondents (14%) decide the treatment source by themselves.

Table-2.4: Persons in the HH usually taking decision about treatment of members while sick

Response	Host community	Rohingya community
Self	5.8	14.0
Husband	41.2	40.6
Jointly with husband	49.7	42.9
Other members of the HH	3.3	2.5
N	**308**	**308**

2.3 Awareness, Prevalence and Treatment of Disability

The respondents were informed whom we say disable (*Protibondhi*) at least for this study. They are individuals who are not physically and mentally fit (in respect of seeing, hearing, communicating, understanding, remembering, walking/climbing etc.) like the majority common people and therefore need others' support to do their regular chore. The respondents were then asked questions on: perceived reasons, prevalence of disability among children (CwD) in the area, existence of treatment facilities around, availability of services in those facilities etc. The findings are as under based on their responses:

2.3.1 Awareness of disability

The reasons (or processes) of becoming disable as perceived by the respondent mothers/ caretakers of the children show similar pattern for the two communities but the frequency of responses are higher in the Host community as compared to the Rohingya community. Malnutrition and Birth defects are the reasons for disability as mentioned by majority of the respondents. The results are shown in graphs and tables below
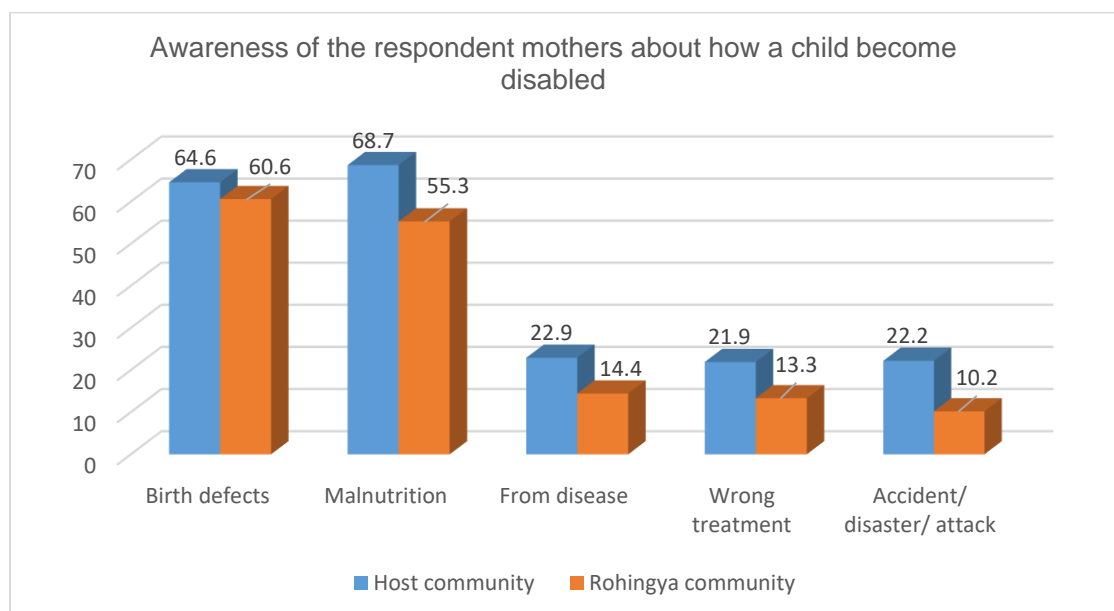
Table-2.5: Awareness of the respondent mothers about different ways a child or any member of a HH could become disabled

Reasons	Host community	Rohingya community	All
Birth defects	64.6	60.6	**62.7**
Malnutrition	68.7	55.3	**62.4**
From disease	22.9	14.4	18.9
Wrong treatment	21.9	13.3	17.8
Accident/ disaster/ attack	22.2	10.2	16.6
N	**308**	**308**	**616**
Multiplicity of response	**1.93**	**1.32**	**1.63**

2.3.2 Prevalence of disability

Persons with disability was found among 10.7% of the sample households in the Host community and 14.3% in the Rohingya camps. More than one person with disability was recorded in 1.3% and 3.2% of the households in the two communities respectively. (Table-2.6).

Table-2.6: Prevalence of disability (including Rickets) in the sample HHs

# of disable members in the sample HH	Host community	Rohingya community	Total
No disable	275 (89.3%)	264 (85.7%)	**539 (87.5%)**
One disable	29 (9.4%)	38 (11.0%)	**67 (10.2%)**
More than one	4 (1.3%)	6 (3.2%)	**10 (2.3%)**
Total N	**308 (100%)**	**308 (100%)**	**616 (100%)**
Total # of disables	**39**	**50**	**89**

Looking into the disability proportion among individuals in the sample households, it was 2.58% in the Host community and 3.18% in the Rohingya community. The proportion of disability was much higher among children in both the communities – 3.74% and 4.92% in the two communities respectively (Table-2.7).

Table-2.7: Prevalence of disability (including Rickets) among the sample population

Description	Host Community			Rohingya Community		
	6 months to 13 years	> 13 years	**All**	6 months to 13 years	> 13 years	**All**
Total # of members in the sample HHs	587	884	**1,471**	752	791	**1,543**
Total # of disables	22	16	**38**	37	12	**49**
Proportion of disability	3.74%	1.81%	**2.58%**	4.92%	1.52%	**3.18%**

The following table further breaks down the disability prevalence in terms of age and sex. Although the number is small for conclusive remarks, disability among female children are much higher as compared to the males in both the communities and age groups.

Table-2.8: Age and sex-segregated prevalence of disability including Rickets

Description	Host Community								Rohingya Community							
	6 to 59 months		5 to 13 years		>13 years		**Total**		6 to 59 months		5 to 13 years		>13 years		**Total**	
	Male	Female	Male	Female	Male	Female	**Male**	**Female**	Male	Female	Male	Female	Male	Female	**Male**	**Female**
Total # of members in the sample HHs	124	125	156	182	454	430	**737**	**739**	195	178	170	209	419	372	**789**	**762**
Total # of disables	3	8	3	8	8	8	**14**	**24**	3	6	9	19	9	3	**21**	**28**
Disability %	2.42	6.40	1.92	4.40	1.76	1.86	**1.90**	**3.25**	1.54	3.37	5.29	9.09	2.15	0.81	**2.66**	**3.67**

2.3.3 Nature of disability

The nature of disability recorded for the 39 person with disability in the Host community and 50 persons with disability in the Rohingya community are presented in Table-2.9 below. While we had intention to categorize the person with disability within the first five responses, we see that the respondents had mentioned five more categories including Rickets (as many as 17.9% in the Host community). However, the responses reveal that physical disability is much reported than mental ones. This is also to be kept in mind that the base of the table is small and therefore the readers should also look at the numbers side by side of the percentages. Otherwise there is chances to arrive at wrong conclusions.

Table-2.9: Nature of disability among persons with disability, by age group

Nature of disability	Host community			Rohingya community		
	Up to 13 years	> 13 years	All	Up to 13 years	> 13 years	All
1. Seeing	8.7	12.5	**10.3**	0.0	16.7	**4.0**
2. Hearing	0.0	0.0	**0.0**	7.9	0.0	**6.0**
3. Walking/ climbing	39.1	43.8	**41.0**	52.6	50.0	**52.0**
4. Remembering/ concentrating	4.3	0.0	**2.6**	10.5	0.0	**8.0**
5. Self-care	4.3	12.5	**7.7**	7.9	25.0	**12.0**
6. Communicating/ understanding	4.3	12.5	**7.7**	13.2	8.3	**12.0**
7. Rickets	26.1	6.3	**17.9**	5.3	0.0	**4.0**
8. Speaking	8.7	0.0	**5.1**	0.0	0.0	**0.0**
9. Low nutrition	0.0	6.3	**2.6**	2.6	0.0	**2.0**
10. One hand is crippled	4.3	6.3	**5.1**	0.0	0.0	**0.0**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total # of disables	**23**	**16**	**39**	**38**	**12**	**50**

2.3.4 Severity of disability

The following table presents the findings about severity of the person with disability identified in the survey by their age group. It shows that severity is higher in the Rohingya community than in the Host community. Moreover, disability is higher among children (up to 13 years) than their counterpart. Moreover, within each subgroup severity of disability is medium to low.

Table-2.10: Severity of disability among person with disability, by age group

Disables (Work with)	Host community			Rohingya community		
	Up to 13 years	> 13 years	All	Up to 13 years	> 13 years	All
Some difficulty	69.6	12.5	**46.2**	13.2	33.3	**18.0**
A lot of difficulty	30.4	68.8	**46.2**	63.2	41.7	**58.0**
Cannot do at all	0.0	18.8	**7.7**	23.7	25.0	**24.0**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Tot. # of disables	**23**	**16**	**39**	**38**	**12**	**50**

2.3.5 Exposure of child disability in the community

To make an assessment of the prevalence disability among children in the community/ neighborhood, the respondent mothers were asked to mention the number of disable boys and girls they can remember living around. The table below shows the summary of their responses.

Table-2.11: Exposure of disable children around by the respondents

Reasons	Host community	Rohingya community	All
0	70.1	80.2	75.2
1	18.8	16.2	17.5
2 or more	11.0	3.6	7.3
Total %	**100%**	**100%**	**100%**
Mean	**1.5**	**1.2**	**1.4**
Standard Deviation	**0.9**	**0.6**	**0.8**
Minimum	**1.0**	**1.0**	**1.0**
Maximum	**5.0**	**5.0**	**5.0**
N = All	**308**	**308**	**616**

2.3.6 Perception about treatment facilities of children with disability
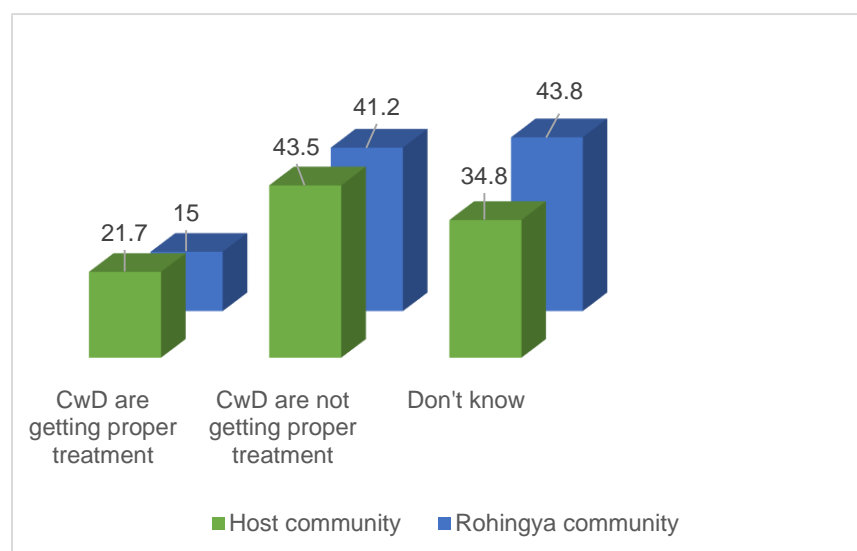
Asked to the respondents having exposure to disable children around about their opinion whether the CwD are getting proper treatment 21.7% of in the Host community and 4.9% of the Rohingya community responded in affirmative. Combined two communities they are only 15%. Others (85%) either said 'no' (41.2%) or expressed their ignorance (43.8%) about it.

Among those (63 respondents) who said that 'CwDs are not getting proper treatment', stated the reasons presented in the table below. 'Treatment not available around' is the reason stated by around 60% of the respondents in both the communities, followed by 'the treatment is expensive'.

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Table-2.12: Reasons for believing that CwDs are not getting proper treatment

Response	Host community	Rohingya community
Treatment not available around	60.0	60.9
Expensive treatment	55.0	34.8
Treatment doesn't work	7.5	26.1
N	**40**	**23**
Multiplicity of response	**1.2**	**1.2**

2.4. Awareness, Prevalence and Treatment of Rickets

2.4.1 Awareness of Rickets

More than one-third (36.4%) of the respondents in the Host community and around a quarter (25.6%) in the Rohingya community claimed that they had ever heard about Rickets. There was no much of difference about such awareness among the sub-groups in respect of location, asset quintile or age/education of the respondents. [Annex table-g_q6]

HEARD ABOUT RICKETS

Rohingya community — 25.6
Host community — 36.4
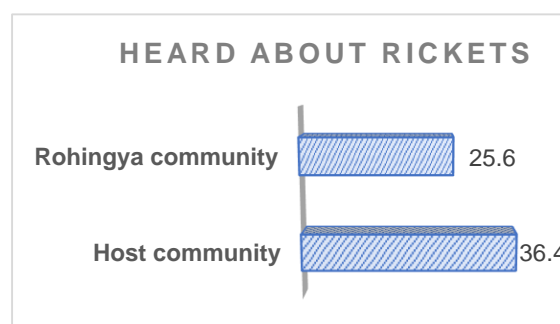
2.4.2 Prevalence of Rickets

Rickets affected child was found in 2.6% of the sample households in the Host community and 1.9% in the Rohingya community. However larger proportion of respondents in the Host community (26.3%) as compared to the Rohingya community (11.4%) reported that they had seen Rickets affected child in others' houses. Others either seen a Rickets child in the picture or did not see at all. [Annex table-g_q7]

Seen a person affected with 'Rickets'

	Yes, in own house	Yes, in others' house	Yes, in picture	No
Host community	2.6	26.3	14.3	58.4
Rohingya community	1.9	11.4	8.4	78.6
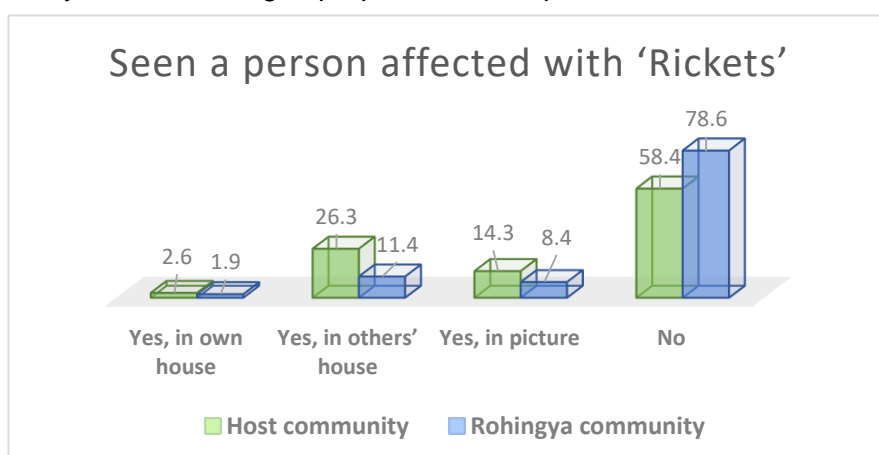
Presence of Rickets symptom among children: The mothers/ caretakers were asked whether their children belonging to the defined age group show any of the five symptoms of Rickets. The results of the questions are summarized in the table below:

Table-2.13: Presence of five symptoms of Rickets among children

Information	Host community	Rohingya community
1. low growth (height and weight)	7.4	5.0
2. The wrist joint is increased	1.5	2.0
3. Feels pain at the leg while walking	6.2	3.8
4. The ribs of the chest are raised	2.0	3.5
5. The legs are curved from knee to ankle	4.5	8.9
Any one of the symptoms	**13.1**	**11.7**

Asked about reasons for having Rickets, 56.8% of the respondents in the Host community and 89.6% of the respondents in the Rohingya community had expressed their ignorance. Others mentioned lack of nutrition (30.8 and 9.0%) and lack of calcium rich food (21.9% and 1.5%) in the Host and Rohingya communities respectively as reasons for affecting with Rickets. A few respondents in the Host community also mentioned about shortage of Vitamin-D rich food or sunlight as the reasons. Such knowledge was found better in the Ratnapalong union in the Host community and higher age group in the Rohingya community. [Annex table-g_q8]

2.4.3 Treatment of Rickets

Asked the mothers about whether they thought that the Rickets patients could be cured through treatment, 56.8% in the Host community and 25.4% in the Rohingya community responded in affirmative. Most of them (87%) thought that proper treatment could care such patients. Additionally, about a quarter of them mentioned about the need of food supplementation for the cure. About 12% of the respondents, however, thought that Rickets could not be cured. [Annex table-g_q9, 10]

Treatment facilities: In another supplementary question to the respondents believing that Rickets patients could be cured, majority of them in the Host community (54.8%) and Rohingya community (76.1%) thought that treatment facilities do not exist around or they do not know. Those who knew, the places of treatment mentioned were: Govt. hospital or NGO clinic and specialized hospital by the Host community and NGO clinic by the Rohingya community. [Annnex table-g_q11]

2.4.4 About protecting children from Rickets

This is very important to notice from the survey findings that even among the one-third of the respondents who are aware about Rickets, majority of them in the Host community (65.8%) as well as Rohingya community (74.2%) admitted that they knew nothing about protecting their children from Rickets. Those who claimed to know, mentioned giving nutritious food (27.4% and 20.2%) and calcium rich food (17.1% and 13.6%) in the in the Host and Rohingya community respectively. [Annex table-g_q13]

SPECIAL DIET OR FOOD ITEM FOR A RICKETS AFFECTED CHILD

Host community   Rohingya community

| Taking calcium rich food | By giving nutritious food | Don't know |
| 17.1   13.6 | 27.4   20.2 | 65.8   74.2 |
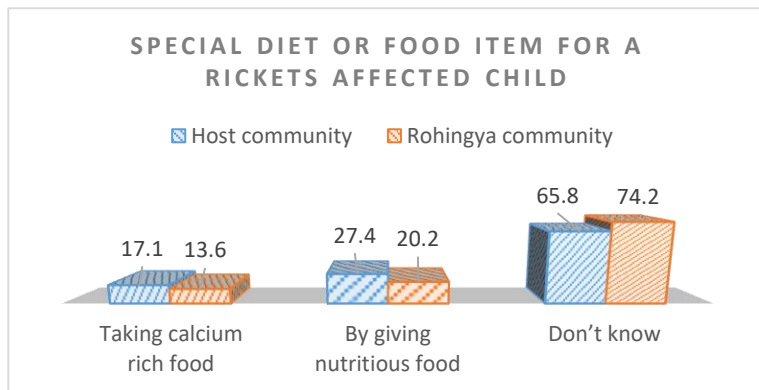
Asked about the <u>sources of information</u> about protection and treatment of Rickets, the highest 52.7% of the respondents from the Host community and 50.7% from the Rohingya community reported that they knew it from their relatives, friends or neighbors. [Annex table-g_q14]

<u>Awareness about Vitamin-D and Source</u>: On specific asking to all, 19.8% of the respondents from the Host community and 11.5% from the Rohingya community reported that they are aware of the need for Vitamin-D in our body. From among those in the Host community aware of Vitamin-D, 44.3% could mention 'sunlight' and 23% 'sea fish' as the sources. Such awareness was very poor among the Rohingya community. [Annex table-g_q15, 16]

<u>Awareness about Calcium and Source</u>: In a similar fashion, 37.7% of the respondents from the Host community and 16.9% from the Rohingya community reported that they are aware of the need for Calcium in our body. From among those in the Host community aware of Calcium, large majority of them mentioned that it helps 'bone formation' (55.2%) or 'strengthen bones' (60.3%). Awareness of benefit of

Special diet or food item for a Rickets affected child

| Kachushak,... | Potatoes,... | Small fish | Dry fish | Eggs, meat,... | Don't know |
| 56.9   57.7 | 19.8   25.6 | 25   18.5 | 2.6   1.8 | 29.3   25.6 | 24.1   27.4 |

Host community   Rohingya community
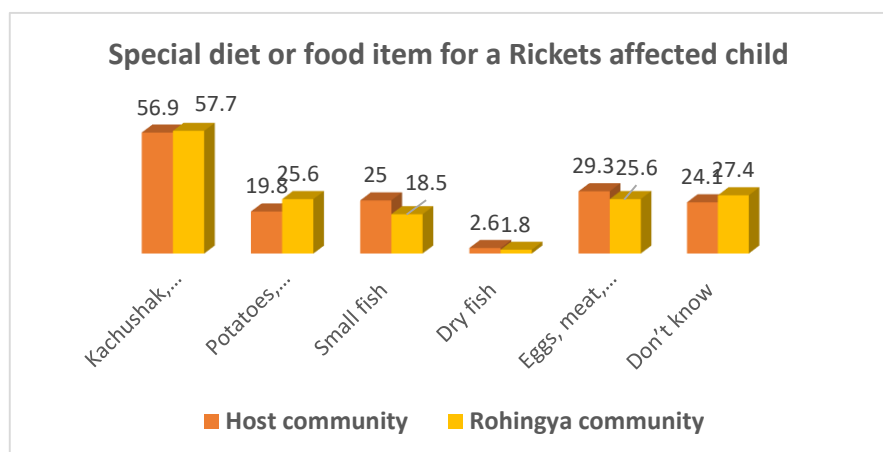
Calcium was also moderate among the Rohingya community. As sources of Calcium, different leafy vegetables including *Lal-shak* and *Kochu-shak*, and small fish were specially mentioned by many in both the communities [Graph and Annex table-g_q17, 18, 19]

2.5 Food Habit and Nutrition Status

2.5.1 Food habit and 24-hour recall

Frequency of food taking: More than 95 percent of both males and females usually take meal three times a day (Table-2.13). Majority of the children also take food three times a day. More than three times food taking was reported for children less than 5 years of age by 48.1% of the mothers in the Host community and 52.5 percent in the Rohingya community. There is hardly any difference in reporting about the frequency between the two communities. Four annex tables at d_q2 show further details.
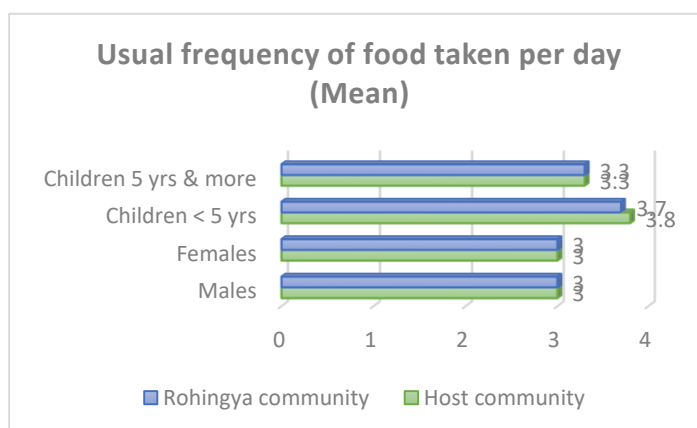
Table-2.13: Usual frequency of food taken per day

Description	Host community				Rohingya community			
	Males	Females	Children < 5 yrs	Children 5 yrs & more	Males	Females	Children < 5 yrs	Children 5 yrs & more
Up to 2 times	4.3	0.0	4.6	1.9	2.6	0.3	0.4	0.0
3 times	95.7	99.7	47.3	63.5	93.8	97.4	47.1	74.0
4 or more	0.0	0.3	48.1	34.6	3.6	2.3	52.5	26.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean #	3.0	3.0	3.8	3.3	3.0	3.0	3.7	3.3
Standard Devn.	0.2	0.1	1.1	0.5	0.3	0.2	0.8	0.4
Minimum	2.0	3.0	2.0	2.0	2.0	2.0	2.0	3.0
Maximum	3.0	4.0	8.0	4.0	4.0	4.0	7.0	4.0

Adequacy of food taking: In addition to frequency, the respondents were asked whether the members, and specially the children, could be given enough quantity of food each time. It appears from the findings that in both the communities the mother opine that they could give enough food to the members often (67.5% and 80.8%) or always (30.8% and 19.2%) respectively in the Host and Rohingya communities respectively. It was also found that only 1.6% of the
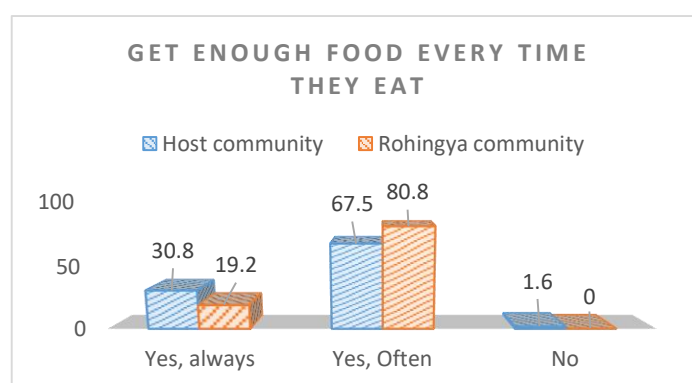
respondents from Host community told that they failed to give enough food to their members/children.

Table-2.14: Whether every member of the HHs get enough food every time they eat

Response	Host community	Rohingya community
Yes, always	30.8	19.2
Yes, Often	67.5	80.8
No	1.6	0.0
Total %	**100%**	**100%**
N	**308**	**308**

Ratnapalong union and higher asset quintile segments of Host community and ever school attendees in the Rohingya community reportedly could give enough food always than their counterparts. [Annex Table-d_q3]

Intake of specific food items: The respondents were asked to name the food items they usually eat in the household, and also to recall the food items they ate during last 24 hours preceding the interview. The tables below show the specific food items reportedly consumed by the HH members separately for the two communities.

For the sake of convenience of looking, the food items in the two tables above have been grouped as per UNICEF classification (for determining MDD, MMF and MAD) as under. No combined table is given as the two communities are not readily comparable.

Food Group	Food Items
1 Grains, roots, tubers	Rice, wheat, Khichuri,Suji, Chira/muri
2 Vitamin A rich fruits and vegetables	Lal shak, Ladies finger (Dheros),
3 Flesh foods such as meat, fish and poultry	Small fish, big fish, meat
4 Legumes, nuts and seeds	Lentil/pulses, ground sesame seed (Til)
5 Eggs	Egg
6 Dairy products	Cow's milk
7 Other fruits and vegetables	Sour fruits, other fruits, other leafy vegetables, other non-leafy vegetables, kochu shak

Table-2.15a: Specific food items usually consumed and that consumed in last 24 hours – Host Community

Food Item	Food items usually taken in the HH	Food intake information for the day before interview (24 hour recall method)				
		Morning	Between	Noon	Between	Night
1	2	3	4	5	6	7
1. Rice	100.0	94.2	3.6	98.4	0.3	99.4
2. Wheat	33.4	5.8	3.6	0.6	0.6	1.3
3. *Khichuri*	36.0	0.3	2.6	0.6	2.6	0.3
4. *Chira/ Muri*	85.7	1.6	17.5	-	29.5	-
5. *Suji*	52.9	0.3	2.6	-	8.4	-
6. Leafy vegetables	99.4	32.8	2.3	41.2	0.3	34.4

Food Item	Food items usually taken in the HH	Food intake information for the day before interview (24 hour recall method)				
		Morning	Between	Noon	Between	Night
1	2	3	4	5	6	7
7. Ladies finger (*Dheros*)	96.8	22.4	0.3	22.4	0.3	20.8
8. Meat	83.8	5.5	-	15.9	0.3	20.8
9. Small Fish	95.5	27.9	0.6	51.0	-	46.8
10. Big Fish	81.2	6.5	-	19.2	-	22.1
11. Lentil (*Daal*)	98.7	32.1	3.2	34.7	0.0	43.8
12. Ground sesame seed/ Til	5.5	-	-	-	-	0.3
13. Egg	94.8	19.8	3.9	27.6	0.3	34.1
14. Milk/ Dairy product	45.8	1.0	0.3	1.0	0.6	1.6
15. Sour fruit	70.8	4.2	0.3	1.6	2.3	1.0
16. Others fruit	77.3	1.0	2.9	-	1.0	0.6
17. Other leafy vegetables	99.0	27.9	0.3	35.1	0.3	24.7
18. Other non-leafy vegetables	85.1	41.9	1.3	45.8	1.0	47.1
19. Biscuit	87.3	5.8	22.4	-	37.0	-
20. Sugar/ *Gur*	83.8	1.6	4.9	0.3	6.5	0.3
21. Nothing	-	0.3	63.0	2.6	53.9	3.6
N	**308**					

Table-2.15b: Specific food items usually eaten and that taken in last 24 hours – Rohingya Community

Food Items (Grouped into 7)	Food items usually taken in the HH	Food intake information for the day before interview (24 hour recall method)				
		Morning	Between	Noon	Between	Night
1	2	3	4	5	6	7
1. Rice	100.0	93.8	5.2	99.7	1.0	99.7
2. Wheat	24.7	6.8	0.3	-	-	-
3. *Khichuri*	22.4	-	0.6	-	0.3	-
4.. *Chira/ Muri*	72.1	0.6	6.2	-	18.8	1.0
5.. *Suji*	37.3	1.6	8.1	-	12.7	0.0
6. Leafy vegetables/ *Lal shak*	97.1	23.4	0.3	33.1	-	32.5
7. Ladies finger (*Dheros*)	95.5	12.0	-	11.4	-	10.7
8. Meat	64.6	2.6	0.0	3.2	-	4.2
9. Small Fish	90.9	27.3	0.6	54.9	-	48.4
10. Big Fish	59.7	3.6	0.6	16.2	0.3	11.7
11. Lentil (*Daal*)	91.9	28.6	-	35.7	0.3	42.9
12. Ground sesame seed/ Til	1.3	-	-	-	-	-
13. Egg	87.7	12.7	0.6	27.6	0.3	38.6
14. Milk/ Dairy product	24.4	0.3	-	0.3	-	-
15. Sour fruit	54.5	7.1	1.0	0.6	0.3	0.0
16. Others fruit	61.0	-	0.6	-	-	0.0
17. Other leafy vegetables	99.0	22.4	1.3	27.6	-	30.2
18. Other non-leafy vegetables	89.6	38.3	2.6	45.1	-	46.1
19. Biscuit	88.6	1.3	23.7	-	37.0	-
20. Sugar/ *Gur*	61.0	0.6	0.3	-	2.9	-
21. Nothing	-	-	67.2	4.9	56.5	4.5
N	**308**					

Summary intake as per food basket: Let us look into the tables further in respect of food intake as per food basket. The following table has been constructed to show the claims of the respondents about usual intake of food basket at least once from the seven food basket vis-à-vis the same during last 24 hours of interview. This will identify specially the type of food lacking among the members/ children of the survey households.

Table-2.16: Broad food groups usually eaten vis-à-vis consumed at least once during past 24 hours

Community	Grains, roots, tubers		Vitamin A rich fruits & vegetables		Flesh foods/ meat, fish and poultry		Legumes, nuts and seeds		Eggs		Cow milk/ Dairy products		Other fruits & vegetables	
	Usual	Last 24 hour	Usual	Last 24 hour	Usual	Last 24 hour	Usual	Last 24 hour	Usual	Last 24 hour	Usual	Last 24 hour	Usual	Last 24 hour
Haldiapalong union	100.0	98.7	100.0	83.1	96.8	65.6	96.1	64.9	93.5	61.7	40.3	2.6	99.4	89.6
Ratnapalong union	100.0	98.1	100.0	81.8	98.7	83.1	98.1	57.8	96.1	57.1	51.3	4.5	99.4	89.0
Host community	100.0	98.4	100.0	82.5	97.7	74.4	97.1	61.4	94.8	59.4	45.8	3.6	99.4	89.3
N	308													
Rohingya community	100.0	98.7	99.0	82.1	90.9	76.0	90.3	55.8	87.7	55.2	24.4	1.0	100.0	83.8
N	308													

It may be noticed from the table that a significant proportion of the households did not consume any animal protein/ fish, egg and Legume/nuts/seeds during last 24-hour in both the communities, although a larger proportion had claimed that they usually consume those. Cow milk is rich in calcium and other nutritional values and therefore recommended for the children. It may be noticed that consumption of milk or milk products is quite low in the survey households. While 45.8% of the Host community mothers and 24.4% of those in the Rohingya community claimed that they usually consumed milk or milk products, only 3.6% in the Host community and 1.0% in the Rohingya community consumed the food item within last 24 hours. The differences in food taking within the community sub-groups are not that significant.

This is specially to mention here that if the number of disable and Rickets affected children was higher, we could dig into the relationship of the same with food intake. However, given the instruments, he project-management may like to explore in this area.

3. DISCUSSION OF FINDINGS AS PER THE OBJECTIVES

The background of the study fairly describes the condition under which the project has been initiated. The project has several components in order to address the crucial gaps in the provision of vital health and protection services including disability and Rickets both in the Host and Rohingya communities of the project area. The present survey was initiated by SARPV in two unions only to have a quick Baseline about the status of disability and Rickets specially among children aged 6 months to 13 years. As the two survey communities are quite different in respect of nationality, mobility and service accessibility, the estimates have been shown separately, and often not combined.

The previous chapter has presented the findings of the survey in short as per the approved questionnaire. All those findings are important for the project management but they are not specific to the objectives as outlined in Section-1.3. Therefore, for the convenience of the reviewers this chapter presents and discussed the findings as per the objective to make conclusive remarks and make recommendations for the future.

3.1 Findings as per the Objectives

Objective-1: To estimate the persons with disability among the targeted area people.

Persons with disability was found among 10.7% of the sample households in the Host community and 14.3% in the Rohingya community. More than one person with disability was recorded in 1.3% and 3.2% of the households in the two communities respectively.

PERSONS WITH DISABILITY (PWD) AMONG SAMPLE HOUSEHOLDS

10.7%   14.3%

■ Host community   ■ Rohingya community

CHILDREN WITH DISABILITY (CWD) AMONG 6 MONTH TO 13 YEAR AGE CHILDREN

3.7%   4.9%

■ Host community   ■ Rohingya community

It was also found that children with disability (CwD) of any kind in the age group of 6 months to 13 years was 3.7% in the Host community and 4.9% in the Rohingya community.

Rickets affected child was found in 2.6% of the sample households in the Host community and 1.9% in the Rohingya community. They are part of the CwD as mentioned above.

Rickets affected child found among sample households

2.6%

1.9%

■ Host community ■ Rohingya community

However, Table-2.12 in the previous chapter and the graph drawn below show that a larger proportion of the children of the particular age group show five earlier symptoms of Rickets.

Rickets affected child was found among sample households

	Low growth (height and weight)	The wrist joint is increased	Feels pain at the leg while walking	The ribs of the chest are raised	The legs are curved from knee to ankle	Any one of the symptoms
Host community	7.4	1.5	6.2	2	4.5	13.1
Rohingya community	5	2	3.8	3.5	8.9	11.7

■ Host community ■ Rohingya community

Low growth, Curved legs from knee to ankle and Feeling of pain while walking are reported more than other two. At least one early symptoms of Rickets were reported by 13.1% of the mothers in the Host community and 11.7% in the Rohingya community.

24
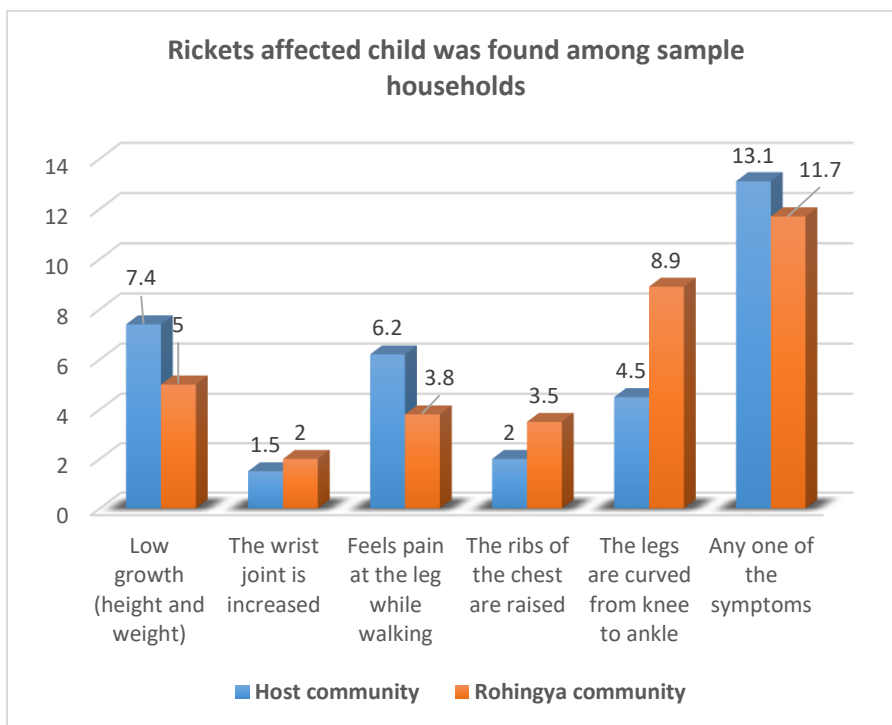
Objective-3: To assess the intake of calcium rich food for children aged 6 months to 13 years

Awareness about calcium was found poor among the respondent mothers. Only 37.7% of the respondents from the Host community and 16.9% from the Rohingya community

Awareness and consumption about calcium
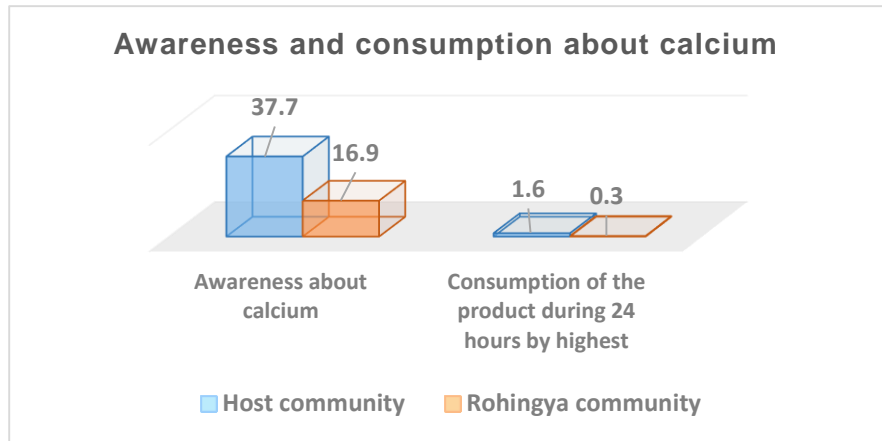
reported that they are aware of the need for Calcium in our body. Majority of these mothers did relate calcium with bone formation or strengthening of bones. Looking at food intake we can observe from the item-wise food intake at Tables 2.15a & 2.15b and group-wise food
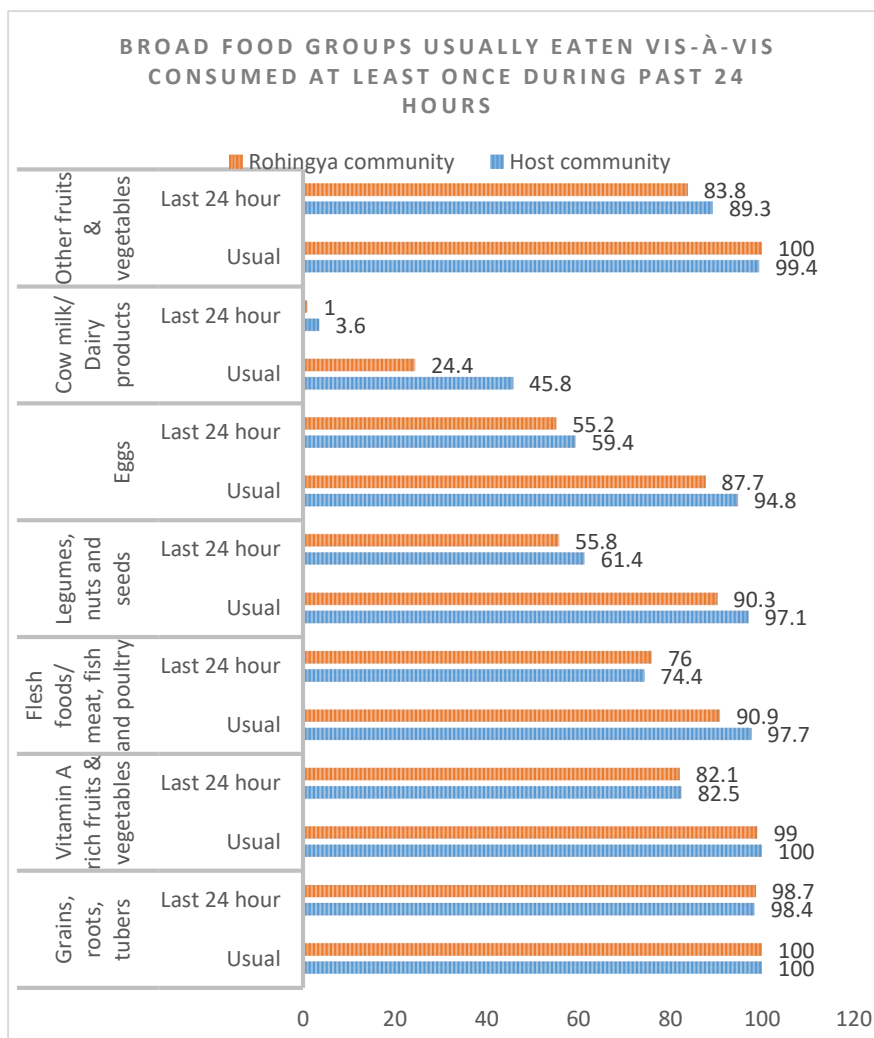
intake at Table-2.16 in the previous chapter that protein and calcium rich food items are relatively absent among a significant proportion of the sample households. To be specific, about a quarter of the households did not consume any animal protein/ fish, and around 40% of them did not consume egg and Legume/nuts /seeds during last 24-hour in both the communities. Although, a larger

proportion of the mothers had claimed that their household members/ children usually

consumed such foods. Cow milk is rich in calcium and other nutritional values and therefore recommended for the children. But the survey results show that consumption of milk or milk products is quite low in both the communities. While 45.8% of the Host community mothers and 24.4% of those in the Rohingya community claimed that they usually consumed milk or milk products, only 3.6% in the Host community and 1.0% in the Rohingya community consumed the food item within last 24 hours. The differences in food taking within the community sub-groups are not that significant.

Objective-4: To determine the access to safe water and sanitation facilities

---

This is to admit that such information was collected from the Host community only. Table-2.1 in the previous chapter presents the access/use of safe water and sanitation in the two unions and in the community. It has been found that while access to safe drinking water is

Access to safe drinking water and hygienic latrine (Host community)

100%

33.1%

Access to safe drinking water   Access to hygienic latrine
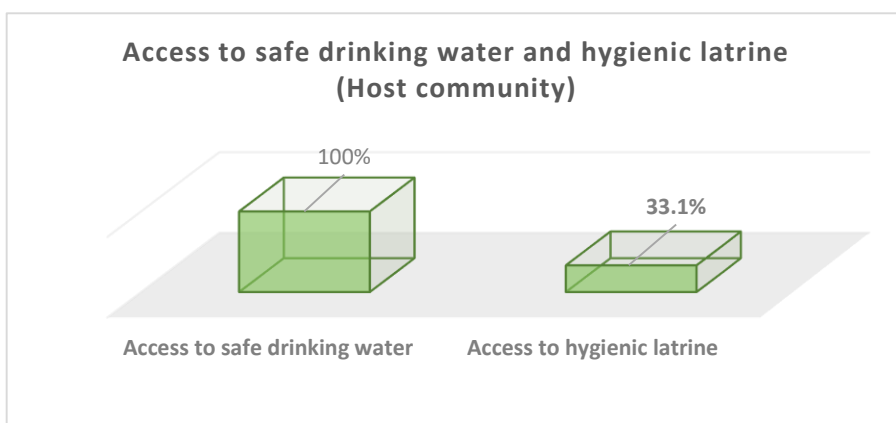
almost 100% including tube well coverage of 92.5%, access to hygienic latrine is only 33.1%.

Objective-5: To propose recommendations in terms of program implementation and rickets surveillance according to the findings.

Recommendations: **1)** The project management should take note of the estimates of the survey variables above and other related findings, and share those with the health and nutrition service providers of their own as well as other government, NGO or private level to prepare action plans in addressing the child health care issues in general and the nutritional disability and Rickets problems in particular in the project area. **2)** As because the nature of disability among the recorded 3.7% disable children of Host community and 4.9% of the in the Rohingya community is mild to moderate and they are mostly physical in nature, and also 13.1% and 11.7% children in the two communities respectively are showing at least one initial symptoms of Rickets, immediate steps should be taken to prevent them from deterioration and become burden to the family and the society. **3)** The nutritional aspect of the survey is only indicative of the situation. There is further scope of studying about it especially as regards inclusion of locally available calcium rich food stuff in the regular food basket.

ANNEX 1: <u>Survey Questionnaire</u>

ID #

IDENTIFICATION OF DISABILITIES AND RICKETS SYMPTOMS AMONG CHILDREN IN 2 UNIONS AND 6 ROHINGYA CAMPS OF UKHIYA UPAZILA UNDER COX'S BAZAR DISTRICT

QUESTIONNAIRE FOR HOUSEHOLD

Introduction: Assalamu Alaikum. My name is ………. I am talking to you on behalf of a survey agency named **Pathways Consulting services Limited (PCSL).** Presently we are conducting survey on the prevalence of disability among population and also the symptoms of Rickets among young age children 6 months to 13 years of two unions of Ukhia upazila where **'Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)'** has taken up a project to prevent child disability due to ignorance and malnutrition. I will ask you a few questions on the health condition of your HH members, food intake and access to safe water and sanitation of the household. I assure you that the information you give will be confidential and used for research only. The interview may take about 30 minutes. You can choose not to answer any particular question or even terminate the discussion any time. I hope you will spend some of your valuable time with me to share your views and allow me to initiate the discussion.

Name of Interviewee	Sex:	1-Female, 2-Male				
	Age:	……….. Year				
Name of HH head	Sex:	1-Female, 2-Male				
	Age:	……….. Year				
District / Upazila		Cox's Bazar / Ukhia				
Union name						
Ward #						
Village name						
(If Rohingya) Camp no./ name						
Land mark						
Interviewer's Name			Date			
Supervisor's Name			Date			
Interview Time:		Start: ……………	End: …………..			

Survey supported by:

Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV)

Survey Conducted by:

Pathways Consulting Services **Ltd**.
3/12 Block-F (Gr. Floor), Lalmatia, Dhaka-1207, Bangladesh

1. List of members of the HH, relationship with the head of HH and disability status

Sl. #	Name (From young to old)	Age (yrs & months)	Sex 1-Boy, 2-Girl	Relationship With head of HH (Code)*	Disability 1= Yes, 2= No	Nature of disability** (Code)	Severity Code***
1							
2							
3							
4							
5							
6							
7							
8							

* Relation code: 1- Head of HH, 2- Wife/spouse, 3-Son/Daughter, 4- Father/Mother, 5-Nephew/Niece, 6- Brother/Sister, 7- Other
** Nature of disability: 1= Seeing, 2=Hearing, 3= Walking/climbing, 4=Remembering/ concentrating, 5= Self-care, 6= Communicating/ understanding
*** Severity (work with) 1- Some difficulty, 2- A lot of difficulty, 3- Cannot do at all

2. Fill out the following table for children aged between 6 months to 13 years (if any)

Information	SL# .... (Yes-1, No-2)	SL# .... (Yes-1, No-2)	SL# .... (Yes-1, No-2)
a. Age is between 6 months -13 years and low growth (height and weight)			
b. The wrist joint is increased			
c. Feels pain at the leg while walking			
d. The ribs of the chest are raised			
e. The legs are curved from knee to ankle			

Section 3: Socio-economic status

Q. #	Question	Answer		Skip
301	What is the main occupation of the head of the HH?	Govt. service	01	
		NGO/ private service	02	
		Teaching/Tuition	03	
		Farmer (Own Land)	04	
		Farmer (Share cropping)	05	
		Rickshaw/Van puller/ Boatman	06	
		Small Business/Traders	07	
		Medium/big business	08	
		Fisherman	09	
		Unskilled laborer	10	
		Skilled laborer	11	
		Others (specify)…………...	77	

Q. #	Question	Answer				Skip
302	What are the materials of roof, wall and floor of your (main) dwelling unit?	**Material**	**Roof**	**Wall**	**Floor**	
		Leaves/ straw	1	1		
		Mud		2	2	
		Bamboo	3	3	3	
		Tin	4	4		
		Cement/Tiles	5	5	5	
303	Ownership of house	Self ....1 Rented.......................................2 Government (Khas) land 3 Others 4				
304	Does your household own any land?	Yes ....1 No..2				
305	Does your household/any member of your household have --- *(FI: Inquire/see each and circle)*	**Yes No** Electricity ....…………1 .....2 Almirah/ Wardrobe............1 .....2 Table ....1 .....2 Chair/bench ....1 .....2 Watch ....1 .....2 *Khat/ Chowki (Cot)* ....1 .....2 Functioning radio/ 2-in-1 ....2 Functioning TV ....1 .....2 Bicycle ....1 .....2 Motor bike.........................1 .....2 Sewing machine ....1 .....2 Electric fan.......................1 .....2 Telephone (cell/land) 1 2				
306	Type of latrine use in the house?	Septic Tank with Water Seal / Healthy 1 Septic Tank without Water Seal/Broken / Unhealthy 2 Ring-Slab Latrine with Water Seal / Healthy 3 Ring-Slab Latrine without Water Seals /Unhealthy 4 Pit Latrine with Water Seal / Healthy 5 Pit Latrine without Water Seal/Unhealthy 6 Hanging / open latrine 7 Latrine / Bushy / Field 8				
307	Source of drinking water?	Line/Tape water	1			
		Tube well	2			
		Own filter	3			
		Community filter	4			
		Others	5			
308	Available space for home based vegetable gardening and or small scale poultry farming?	Yes ....1 No..2				
309	If space is available, Observe and tick the type of gardening and poultry are there?	Organized kitchen gardening	1			
		Organized poultry farm	2			
		Scattered Vegetable gardening	3			
		Open poultry rearing	4			
		No organized gardening	5			
		No organized poultry farm	6			
		Others (specify)	7			

Section 4: Food habit

401. (a) Ask: **What are all the food items that the household members usually eat?** Tick the responses in the column-2 of the table below.

  (b) Ask : **"What are the food items that the household members ate during morning, noon and night and also in between during the day before the interview?"** Tick the responses in the column-3 to 7 of the table below.

Food Item	Food item usually taken in the HH	Food intake information for the day before interview (24 hour recall method)				
		Morning	Between	Noon	Between	Night
1	2	3	4	5	6	7
1. Rice						
2. Wheat						
3. Leafy vegetables (*Lal shak, Kochu shak*)						
4. Other leafy vegetables						
5. Vegetable (*ladies fingers*)						
6. Others non-leafy vegetables						
7. Small Fish						
8. Big Fish						
9. Meat/ Chicken						
10. Egg						
11. Pulse						
12. Milk						
13. Sour fruit						
14. Others fruit						
15. Ground sesame seed						
16. Biscuit						
17. Khichuri						
18. *Halua/suji/Firni*						
19. *Chira/ Muri*						
20. Molasses/ sugar						
21. Other ……						

Q. #	Question	Answer	Skip
402	How many major meals the HH members take in a normal day (Morning thru' night) ?	Male: .... meals. Female: .... meals. child: .... meals	
403	Do you all get enough quantity each time you take meal ?	Yes, in full .... 1 →501 Yes, moderately .... 2 →501 No 3	
404	(If No) For how many months of the year you have to face the problem of food shortage ?	.... Month	

Section 5: Disease profile of children

Q. #	Question	Answer	Skip

| 501 | Is any of the children of your household sick now? Or was any child sick within the past 3 (three) months? [Except disability related sickness] | Yes 1 |
| | | No 2 →601 |

| 502 | How many children are/were sick? | Number of sick child | |

503 If yes, kindly tell me some information about the sick members one by one:

Sick child (Code of Sec-1)	Name of disease *(Code)	Presently sick or not (1=Yes, 2=No)	Duration of disease (Days)	Visited doctor (1=Yes, 2=No)	The total cost of this disease (money)

*Disease code: - *1-Diarrhea, 2-Dysentery, 3-Typhoid, 4-Jaundice, 5-Skin disease, 6-Fever/Cold, 7- Worms, 8-Malnourished, 9- Night blind, 10- Rheumatic, 11-Other (write)*

Section 6: Decision making and facilities

Q. #	Question	Answer		Skip
601	What are the health facilities around where people can take treatment for any diseases? [Multiple response expected]	Govt. hospital/health center NGO clinic Private clinic MBBS Doctor RMP/ *Palli chikitshak* Pharmacy salesmen Homeopath *Kobiraj/ Ayurved* Other (specify)	01 02 03 04 05 06 07 08 09	
602	In general, where do you or your family members go for treatment? [Multiple response allowed]	Govt. hospital/health center NGO clinic Private clinic MBBS Doctor RMP/ *Palli chikitshak* Pharmacy salesmen Homeopath *Kobiraj/ Ayurved* Other (specify)	01 02 03 04 05 06 07 08 09	
603	Who usually take decision for treatment of any of your family member if he/she gets sick?	Self Husband Wife Jointly with the wife Jointly with the husband Mothers in law Father in law Other family members Relatives Neighbor Other (specify)	1 2 3 4 5 6 7 8 9 10 11	

31

Section 7. Knowledge about Rickets and other disability

Q. #	Question	Answer		Skip
701	In your opinion, in how many different ways a child or any member of a family could become disabled? *[Multiple response expected]*	By birth	1	
		Accident/ disaster/ attack	2	
		From disease	3	
		Wrong treatment	4	
		Malnutrition	5	
		Other (Specify) …	6	
702	Do you have any facilities around for treatment of people with disabilities? If yes, where people can go? *[multiple responses allowed]*	Govt. hospital (local)	1	
		Govt. hospital (away)	2	
		NGO clinic	3	
		MBBS Doctor/ Private clinic	4	
		Any specialized hospital	5	
		Other (Specify)		
		No such facilities/ Don't know	9	
703	How many disable children you can remember living around ?	# of Boys # of Girls		
704	Do you think the children are getting proper treatment?	Yes	1	→ 706
		No	2	
		Don't know	9	
705	If no, what are the reasons? *[multiple responses allowed]*	Treatment not available around	1	
		Expensive treatment	2	
		Treatment doesn't work	3	
		Other (Specify) …	4	
706	Have you ever heard about a disease named 'Rickets'?	Yes	1	
		No	2	→716
707	Have you ever seen a person affected with 'Rickets'?	Yes, in own house	1	
		Yes, in others' house	2	
		Yes, in picture	3	
		No	4	→716
708	Do you know the reasons for which a child may get 'Rickets'? If yes, please tell how?	Not giving calcium rich food	1	
		Not giving nutritious food	2	
		Lack of vitamin D	3	
		If the body does not get sunlight	4	
		Other (specify)	5	
		Don't know	99	
709	Do you think a child with Rickets can be cured through treatment?	Yes	1	
		No	2	→713
		Don't know	9	→713
710	How do you think a child with Rickets can be cured? *[multiple responses allowed]*	Through treatment	1	
		Through food supplementation	2	
		Other (specify)	3	
		Don't know	4	
			99	→714
711	Where could a child with 'Rickets' be treated?	Govt. Hospital	1	
		NGO clinic	2	
		MBBS Doctor/ Private clinic	3	
		Any specialized hospital	4	
		No such facilities/ Don't know	5	
		Other (Specify)	99	

Q. #	Question	Answer		Skip
712	Is there any need for giving any special diet or food item for a Rickets affected child? If yes, can you please tell me what special food items should be given?	Taking calcium rich food By giving nutritious food It cures naturally Other (write) Don't know	1 2 3 4 99	
713	Do you think children could be protected from 'Rickets'? If yes, what should be done?	To give calcium rich food To give nutritious food Can't be protected Other (specify) Don't know	1 2 3 4 99	
714	Where or how have you learnt about treatment and prevention of Rickets?	TV Radio Poster/ leaflet Relative/ friend/ neighbors Health worker Hospital/ clinic Formal education	1 2 3 4 5 6 7	
715	Do you know anything about the need for vitamin-D in our body?	Yes No	1 2	→718
716	How do our bodies get Vitamin-D?	From sun light from sea fish don't know	1 2 3	
717	Do you know anything about the need for calcium in our body?	Yes No	1 2	→801
718	What are the benefits of calcium in our body?	Helps in bone formation Strengthens bones don't know	1 2 3	
719	Name some of the foods that are rich in calcium?	Kachushak, Kalmishak, Lalshak, Laushak Potatoes, barbati Tamarind leaves Small fish Dry fish Eggs, meat, butter don't know	1 2 3 4 5 6 7	
720	If you have anything to say related to survey, please do. ……………			

Thank you

ANNEX 2: COMPLETE SET OF TABLES

Age of respondents

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
18 to 30 years	66.9	53.2	71.0	50.8	59.0	66.1	53.2	**60.1**	100.0	31.4	63.0	69.2	**64.6**	**62.3**
31 to 40 years	27.9	35.1	22.6	44.3	34.4	25.8	30.6	**31.5**	0.0	45.9	24.3	21.8	**23.7**	**27.6**
41 to 50 years	3.9	9.7	3.2	3.3	4.9	6.5	16.1	**6.8**	0.0	21.4	11.7	9.0	**11.0**	**8.9**
51 years or more	1.3	1.9	3.2	1.6	1.6	1.6	0.0	**1.6**	0.0	1.3	0.9	0.0	**0.6**	**1.1**
Mean age (years)	29.5	31.5	28.8	30.7	31.1	30.4	31.3	**30.5**	23.2	35.1	29.9	27.8	**29.3**	**29.9**
Standard Deviation	7.6	8.4	7.9	8.2	7.5	8.3	8.4	**8.1**	2.4	6.3	7.8	7.0	**7.7**	**7.9**
Minimum	18.0	18.0	18.0	18.0	20.0	18.0	20.0	**18.0**	18.0	18.0	18.0	18.0	**18.0**	**18.0**
Maximum	60.0	60.0	60.0	55.0	52.0	60.0	50.0	**60.0**	27.0	53.0	53.0	44.0	**53.0**	**60.0**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

Education of respondents

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Never went to school	16.9	13.6	22.6	11.5	23.0	12.9	6.5	**15.3**	70.5	78.6	100.0	0.0	**74.7**	**45.0**
Up to primary	46.1	40.9	61.3	54.1	44.3	35.5	22.6	**43.5**	24.8	18.2	0.0	84.6	**21.4**	**32.5**
Class 6 to 10	29.9	26.6	12.9	34.4	23.0	37.1	33.9	**28.2**	4.7	3.1	0.0	15.4	**3.9**	**16.1**

	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
SSC passed	4.5	6.5	3.2	0.0	4.9	11.3	8.1	**5.5**	0.0	0.0	0.0	0.0	**0.0**	2.8
HSC passed	1.9	5.2	0.0	0.0	1.6	1.6	14.5	**3.6**	0.0	0.0	0.0	0.0	**0.0**	1.8
Graduate	0.0	7.1	0.0	0.0	3.3	1.6	12.9	**3.6**	0.0	0.0	0.0	0.0	**0.0**	1.8
Post Graduate	0.6	0.0	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	0.2
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N = All	154	154	62	61	61	62	62	308	149	159	230	78	308	616

Profession of the respondents (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Govt. Job	0.0	1.3	0.0	0.0	0.0	0.0	3.2	**0.6**	0.0	0.0	0.0	0.0	**0.0**	0.6
Private Job	1.3	2.6	1.6	0.0	0.0	1.6	6.5	**1.9**	0.0	0.0	0.0	0.0	**0.0**	1.9
Small Business	0.0	0.6	0.0	0.0	0.0	1.6	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	0.3
Medium Business	0.0	0.6	0.0	0.0	0.0	1.6	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	0.3
Unskilled labour	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	0.0
Skilled labour	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	0.0
Housewife	98.7	94.8	98.4	100.0	100.0	95.2	90.3	**96.8**	0.0	0.0	0.0	0.0	**0.0**	96.8
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0
N = All	154	154	62	61	61	62	62	308	0	0	0	0	0	308

Number of the members in the households

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	

Mean	5.0	4.8	4.7	5.0	5.2	4.8	4.7	**4.9**	4.2	6.0	5.3	4.5	**5.1**	**5.0**
Standard Deviation	1.5	1.5	1.2	1.3	1.7	1.4	1.8	**1.5**	1.1	1.9	1.9	1.6	**1.8**	**1.7**
Minimum	3.0	2.0	3.0	3.0	3.0	3.0	2.0	**2.0**	2.0	2.0	2.0	2.0	**2.0**	**2.0**
Maximum	10.0	11.0	8.0	8.0	10.0	11.0	11.0	**11.0**	8.0	11.0	11.0	10.0	**11.0**	**11.0**
N	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**0**	**0**	**0**	**0**	**0**	**308**

c_q1. Main occupation of the head of HHs (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent		Total	
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	
Govt. service	0.0	1.3	0.0	0.0	0.0	0.0	3.2	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.6**
NGO/ Private service	4.5	7.1	0.0	3.3	1.6	8.1	16.1	**5.8**	0.0	0.0	0.0	0.0	**0.0**	**5.8**
Teaching/ tuition	1.9	2.6	1.6	0.0	0.0	1.6	8.1	**2.3**	0.0	0.0	0.0	0.0	**0.0**	**2.3**
Farmer (own land)	6.5	4.5	4.8	1.6	6.6	6.5	8.1	**5.5**	0.0	0.0	0.0	0.0	**0.0**	**5.5**
Farmer (share cropping)	11.7	4.5	11.3	11.5	11.5	6.5	0.0	**8.1**	0.0	0.0	0.0	0.0	**0.0**	**8.1**
Rickshaw-van puller/ boatman	16.9	7.8	17.7	11.5	18.0	9.7	4.8	**12.3**	0.0	0.0	0.0	0.0	**0.0**	**12.3**
Small business/ traders	14.9	13.6	12.9	9.8	11.5	14.5	22.6	**14.3**	0.0	0.0	0.0	0.0	**0.0**	**14.3**
Medium/ big business	1.9	7.1	0.0	0.0	1.6	8.1	12.9	**4.5**	0.0	0.0	0.0	0.0	**0.0**	**4.5**
Fisherman	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Unskilled laborer	9.1	12.3	16.1	23.0	9.8	4.8	0.0	**10.7**	0.0	0.0	0.0	0.0	**0.0**	**10.7**
Skilled laborer	27.3	32.5	35.5	31.1	29.5	38.7	14.5	**29.9**	0.0	0.0	0.0	0.0	**0.0**	**29.9**
Driving	2.6	1.9	0.0	1.6	6.6	0.0	3.2	**2.3**	0.0	0.0	0.0	0.0	**0.0**	**2.3**
Emigrants	1.9	3.2	0.0	3.3	3.3	1.6	4.8	**2.6**	0.0	0.0	0.0	0.0	**0.0**	**2.6**
Religious leader/ Imam	0.6	0.6	0.0	3.3	0.0	0.0	0.0	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.6**

	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Advocate	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.3**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0
N	154	154	62	61	61	62	62	308	0	0	0	0	0	308

c_q2_1. Materials of roof of the main dwelling part of the HH (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Leaves/ straw	16.2	6.5	27.4	14.8	11.5	3.2	0.0	**11.4**	0.0	0.0	0.0	0.0	**0.0**	**11.4**
Bamboo	2.6	0.0	4.8	1.6	0.0	0.0	0.0	**1.3**	0.0	0.0	0.0	0.0	**0.0**	**1.3**
Tin	77.3	81.8	67.7	82.0	86.9	91.9	69.4	**79.5**	0.0	0.0	0.0	0.0	**0.0**	**79.5**
Cement/ Tiles	3.9	11.7	0.0	1.6	1.6	4.8	30.6	**7.8**	0.0	0.0	0.0	0.0	**0.0**	**7.8**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0
N	154	154	62	61	61	62	62	308	0	0	0	0	0	308

c_q2_2. Materials of wall of the main dwelling part of the HH (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Leaves/ straw	1.3	1.9	4.8	1.6	1.6	0.0	0.0	**1.6**	0.0	0.0	0.0	0.0	**0.0**	**1.6**
Mud	50.6	44.2	58.1	60.7	70.5	40.3	8.1	**47.4**	0.0	0.0	0.0	0.0	**0.0**	**47.4**
Bamboo	4.5	4.5	8.1	4.9	6.6	3.2	0.0	**4.5**	0.0	0.0	0.0	0.0	**0.0**	**4.5**
Tin	22.1	14.3	27.4	26.2	9.8	22.6	4.8	**18.2**	0.0	0.0	0.0	0.0	**0.0**	**18.2**
Cement/ Tiles	21.4	35.1	1.6	6.6	11.5	33.9	87.1	**28.2**	0.0	0.0	0.0	0.0	**0.0**	**28.2**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0

N	154	154	62	61	61	62	62	308	0	0	0	0	0	308

c_q3. Ownership of house lived at present (Collected only for Host community)

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	**Total**
Self-owned	82.5	94.8	74.2	86.9	95.1	90.3	96.8	**88.6**	0.0	0.0	0.0	0.0	**0.0**	88.6
Rented	5.8	3.2	12.9	1.6	1.6	4.8	1.6	**4.5**	0.0	0.0	0.0	0.0	**0.0**	4.5
Govt. land	11.7	1.9	12.9	11.5	3.3	4.8	1.6	**6.8**	0.0	0.0	0.0	0.0	**0.0**	6.8
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0
N	154	154	62	61	61	62	62	308	0	0	0	0	0	308

c_q4. Whether own any land other than the HH? (Collected only for Host community)

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Yes	26.6	30.5	3.2	14.8	39.3	32.3	53.2	**28.6**	0.0	0.0	0.0	0.0	**0.0**	28.6
No	73.4	69.5	96.8	85.2	60.7	67.7	46.8	**71.4**	0.0	0.0	0.0	0.0	**0.0**	71.4
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	100.0
N	154	154	62	61	61	62	62	308	0	0	0	0	0	308

c_q5. Ownership of assets by or any member of the HHs (Collected only for Host community)

Description	Host community	Rohingya community	

	Union		Asset index						Age of respondent		Education of respondent			Total
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	
Electricity	92.2	96.8	87.1	88.5	100.0	98.4	98.4	**94.5**	0.0	0.0	0.0	0.0	**0.0**	**94.5**
Almirah/ Wardrobe	46.1	65.6	6.5	32.8	59.0	80.6	100.0	**55.8**	0.0	0.0	0.0	0.0	**0.0**	**55.8**
Table	61.7	80.5	11.3	55.7	88.5	100.0	100.0	**71.1**	0.0	0.0	0.0	0.0	**0.0**	**71.1**
Chair/Bench	66.2	91.6	29.0	70.5	96.7	98.4	100.0	**78.9**	0.0	0.0	0.0	0.0	**0.0**	**78.9**
Watch	17.5	30.5	3.2	9.8	11.5	29.0	66.1	**24.0**	0.0	0.0	0.0	0.0	**0.0**	**24.0**
Khat/ Chowki (Cot)	73.4	71.4	53.2	72.1	72.1	82.3	82.3	**72.4**	0.0	0.0	0.0	0.0	**0.0**	**72.4**
Functioning Radio/ 2-In-1	1.3	0.6	0.0	0.0	0.0	3.2	1.6	**1.0**	0.0	0.0	0.0	0.0	**0.0**	**1.0**
Functioning TV	10.4	24.7	0.0	1.6	0.0	16.1	69.4	**17.5**	0.0	0.0	0.0	0.0	**0.0**	**17.5**
Bicycle	1.3	0.6	0.0	0.0	0.0	1.6	3.2	**1.0**	0.0	0.0	0.0	0.0	**0.0**	**1.0**
Motor Bike	1.3	3.9	0.0	0.0	0.0	0.0	12.9	**2.6**	0.0	0.0	0.0	0.0	**0.0**	**2.6**
Sewing Machine	8.4	8.4	1.6	1.6	4.9	9.7	24.2	**8.4**	0.0	0.0	0.0	0.0	**0.0**	**8.4**
Electric Fan	79.9	90.3	48.4	88.5	93.4	95.2	100.0	**85.1**	0.0	0.0	0.0	0.0	**0.0**	**85.1**
Telephone (Cell/Land)	89.0	96.1	90.3	83.6	100.0	91.9	96.8	**92.5**	0.0	0.0	0.0	0.0	**0.0**	**92.5**
# of Responses	**845**	**1018**	**205**	**308**	**382**	**438**	**530**	**1863**	**0**	**0**	**0**	**0**	**0**	**1863**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**0**	**0**	**0**	**0**	**0**	**308**
*Multiple response														

c_q6. Type of latrine used by the members of the HH (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	

Description	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Septic Tank with water seal / Hygienic	13.0	14.3	3.2	8.2	4.9	11.3	40.3	**13.6**	0.0	0.0	0.0	0.0	**0.0**	**13.6**
Septic Tank without or broken water seal / Unhygienic	12.3	7.8	17.7	8.2	6.6	8.1	9.7	**10.1**	0.0	0.0	0.0	0.0	**0.0**	**10.1**
Ring-Slab Latrine with water seal / Hygienic	16.9	17.5	9.7	9.8	13.1	25.8	27.4	**17.2**	0.0	0.0	0.0	0.0	**0.0**	**17.2**
Ring-Slab Latrine without or broken water seal / Unhygienic	29.2	33.1	22.6	31.1	49.2	35.5	17.7	**31.2**	0.0	0.0	0.0	0.0	**0.0**	**31.2**
Pit Latrine with water seal / Hygienic	0.6	3.9	1.6	1.6	3.3	3.2	1.6	**2.3**	0.0	0.0	0.0	0.0	**0.0**	**2.3**
Pit Latrine without or broken water seal / Unhygienic	14.3	9.1	19.4	19.7	8.2	9.7	1.6	**11.7**	0.0	0.0	0.0	0.0	**0.0**	**11.7**
Hanging/open latrine	9.7	10.4	16.1	14.8	11.5	6.5	1.6	**10.1**	0.0	0.0	0.0	0.0	**0.0**	**10.1**
No latrine / Bush / Field	3.9	3.9	9.7	6.6	3.3	0.0	0.0	**3.9**	0.0	0.0	0.0	0.0	**0.0**	**3.9**
%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**100.0**
N - All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**0**	**0**	**0**	**0**	**0**	**308**

c_q7. Source of drinking water? (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Tap/ Line water	4.5	5.2	0.0	4.9	3.3	3.2	12.9	**4.9**	0.0	0.0	0.0	0.0	**0.0**	**4.9**
Tube well	93.5	91.6	100.0	93.4	93.4	95.2	80.6	**92.5**	0.0	0.0	0.0	0.0	**0.0**	**92.5**
HH filters	0.6	3.2	0.0	0.0	1.6	1.6	6.5	**1.9**	0.0	0.0	0.0	0.0	**0.0**	**1.9**
Community filter	1.3	0.0	0.0	1.6	1.6	0.0	0.0	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.6**
%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**100.0**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**0**	**0**	**0**	**0**	**0**	**308**

c_q8. Available space for home based vegetable gardening and/or small scale poultry rearing ? (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Yes	51.3	47.4	43.5	42.6	60.7	45.2	54.8	**49.4**	0.0	0.0	0.0	0.0	**0.0**	**49.4**
No	48.7	52.6	56.5	57.4	39.3	54.8	45.2	**50.6**	0.0	0.0	0.0	0.0	**0.0**	**50.6**
%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**100.0**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**0**	**0**	**0**	**0**	**0**	**308**

c_q9. If space available, type of gardening and poultry rearing (Collected only for Host community)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Organized kitchen gardening	21.5	16.4	14.8	7.7	16.2	21.4	32.4	**19.1**	0.0	0.0	0.0	0.0	**0.0**	**19.1**
Organized poultry farm	20.3	9.6	7.4	15.4	10.8	17.9	23.5	**15.1**	0.0	0.0	0.0	0.0	**0.0**	**15.1**
Scattered vegetable gardening	30.4	38.4	33.3	38.5	43.2	17.9	35.3	**34.2**	0.0	0.0	0.0	0.0	**0.0**	**34.2**
Open poultry rearing	40.5	60.3	48.1	53.8	56.8	57.1	35.3	**50.0**	0.0	0.0	0.0	0.0	**0.0**	**50.0**
No gardening	13.9	12.3	11.1	11.5	18.9	10.7	11.8	**13.2**	0.0	0.0	0.0	0.0	**0.0**	**13.2**
No poultry rearing	11.4	11.0	7.4	11.5	13.5	10.7	11.8	**11.2**	0.0	0.0	0.0	0.0	**0.0**	**11.2**
# of Responses	**109**	**108**	**33**	**36**	**59**	**38**	**51**	**217**	**0**	**0**	**0**	**0**	**0**	**217**
N= HH having space	**79**	**73**	**27**	**26**	**37**	**28**	**34**	**152**	**0**	**0**	**0**	**0**	**0**	**152**

*Multiple response

Section-D: Food Habit

	Host community								Rohingya community					
	Union		Asset index						Age of respondent		Education of respondent			Total
Description	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Rice	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	**100.0**
Wheat	32.5	34.4	9.7	29.5	34.4	46.8	46.8	**33.4**	24.8	24.5	25.7	21.8	**24.7**	**29.1**
Leafy Vegetables (Lal Shak, Kochu Shak)	99.4	99.4	98.4	100.0	100.0	100.0	98.4	**99.4**	96.6	97.5	97.4	96.2	**97.1**	**98.2**
Other Leafy Vegetables	99.4	98.7	98.4	98.4	98.4	100.0	100.0	**99.0**	99.3	98.7	99.6	97.4	**99.0**	**99.0**
Vegetable (Ladies Fingers)	95.5	98.1	98.4	93.4	96.7	98.4	96.8	**96.8**	97.3	93.7	95.2	96.2	**95.5**	**96.1**
Others Non-Leafy Vegetables	82.5	87.7	88.7	86.9	82.0	85.5	82.3	**85.1**	93.3	86.2	87.8	94.9	**89.6**	**87.3**
Small Fish	94.8	96.1	87.1	95.1	96.7	98.4	100.0	**95.5**	94.6	87.4	88.7	97.4	**90.9**	**93.2**
Big Fish	76.6	85.7	75.8	77.0	78.7	82.3	91.9	**81.2**	69.8	50.3	56.5	69.2	**59.7**	**70.5**
Meat/ Chicken	79.9	87.7	79.0	78.7	83.6	85.5	91.9	**83.8**	76.5	53.5	65.2	62.8	**64.6**	**74.2**
Egg	93.5	96.1	85.5	91.8	100.0	98.4	98.4	**94.8**	91.3	84.3	84.8	96.2	**87.7**	**91.2**
Pulse	98.7	98.7	96.8	98.4	100.0	100.0	98.4	**98.7**	89.9	93.7	89.6	98.7	**91.9**	**95.3**
Milk	40.3	51.3	32.3	36.1	36.1	59.7	64.5	**45.8**	28.9	20.1	26.5	17.9	**24.4**	**35.1**
Sour Fruit	71.4	70.1	62.9	75.4	62.3	80.6	72.6	**70.8**	64.4	45.3	51.3	64.1	**54.5**	**62.7**
Others Fruit	70.8	83.8	71.0	73.8	80.3	77.4	83.9	**77.3**	67.8	54.7	58.7	67.9	**61.0**	**69.2**
Ground Sesame Seed	7.8	3.2	4.8	9.8	4.9	3.2	4.8	**5.5**	0.0	2.5	1.3	1.3	**1.3**	**3.4**
Biscuit	90.9	83.8	83.9	86.9	93.4	87.1	85.5	**87.3**	93.3	84.3	85.7	97.4	**88.6**	**88.0**
Khichuri	39.0	33.1	21.0	27.9	44.3	37.1	50.0	**36.0**	22.1	22.6	22.6	21.8	**22.4**	**29.2**

d_q1. Type of foods the HH members usually eat

Halua/ Suji/ Firni	59.7	46.1	40.3	55.7	55.7	58.1	54.8	**52.9**	39.6	35.2	37.0	38.5	**37.3**	**45.1**
Chira/ Muri	87.7	83.8	75.8	86.9	96.7	88.7	80.6	**85.7**	75.2	69.2	72.2	71.8	**72.1**	**78.9**
Molasses/ Sugar	85.1	82.5	66.1	80.3	90.2	90.3	91.9	**83.8**	69.8	52.8	62.2	57.7	**61.0**	**72.4**
# of Responses	2318	2341	853	904	936	978	988	**4659**	2078	1998	3008	1068	**4076**	**8735**
N = All	154	154	62	61	61	62	62	**308**	0	0	0	0	**0**	**308**

*Multiple response

d_q2_male. How many major meals the male members of the HHs usually eat in a day (morning to night)?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Up to 2 times %	5.8	2.6	4.8	3.3	4.9	1.6	6.7	**4.3**	1.4	3.8	3.1	1.3	**2.6**	3.4
3 times %	94.2	97.4	95.2	96.7	95.1	98.4	93.3	**95.7**	95.9	91.8	92.0	98.7	**93.8**	94.7
4 or more %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	2.7	4.4	4.9	0.0	**3.6**	1.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	100.0
Mean (# of meals)	2.9	3.0	3.0	3.0	3.0	3.0	2.9	**3.0**	3.0	3.0	3.0	3.0	**3.0**	3.0
Standard Deviation #	0.2	0.2	0.2	0.2	0.2	0.1	0.3	**0.2**	0.2	0.3	0.3	0.1	**0.3**	0.2
Minimum #	2.0	2.0	2.0	2.0	2.0	2.0	2.0	**2.0**	2.0	2.0	2.0	2.0	**2.0**	2.0
Maximum #	3.0	3.0	3.0	3.0	3.0	3.0	3.0	**3.0**	4.0	4.0	4.0	3.0	**4.0**	4.0

d_q2_female. How many major meals the female members of the HHs usually eat in a day (morning to night)?

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Up to 2 times	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.6	0.4	0.0	**0.3**	**0.2**
3 times	100.0	99.4	100.0	100.0	100.0	100.0	98.4	**99.7**	98.7	96.2	97.0	98.7	**97.4**	**98.5**
4 or more	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	1.3	3.1	2.6	1.3	**2.3**	**1.3**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	**100.0**
Mean	3.0	3.0	3.0	3.0	3.0	3.0	3.0	**3.0**	3.0	3.0	3.0	3.0	**3.0**	**3.0**
Standard Deviation	0.0	0.1	0.0	0.0	0.0	0.0	0.1	**0.1**	0.1	0.2	0.2	0.1	**0.2**	**0.1**
Minimum	3.0	3.0	3.0	3.0	3.0	3.0	3.0	**3.0**	3.0	2.0	2.0	3.0	**2.0**	**2.0**
Maximum	3.0	4.0	3.0	3.0	3.0	3.0	4.0	**4.0**	4.0	4.0	4.0	4.0	**4.0**	**4.0**

d_q2_children (below 5 yrs). How many major meals the children (below 5 yrs) of the HHs usually eat in a day (morning to night)?

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Up to 2 times %	6.6	2.6	7.8	4.0	2.0	5.1	4.3	**4.6**	0.7	0.0	0.0	1.3	**0.4**	**2.3**
3 times	43.8	50.9	52.9	44.0	40.0	46.2	53.2	**47.3**	40.8	54.1	42.6	59.2	**47.1**	**47.2**
4 or more	49.6	46.6	39.2	52.0	58.0	48.7	42.6	48.1	58.5	45.9	57.4	39.5	52.5	**50.5**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	**100.0**
Mean #	3.8	3.8	3.5	3.8	3.9	3.9	3.8	**3.8**	3.9	3.6	3.8	3.4	**3.7**	**3.7**
Standard Deviation	1.2	1.1	0.9	1.0	1.1	1.3	1.2	**1.1**	0.9	0.7	0.9	0.6	**0.8**	**1.0**
Minimum	2.0	2.0	2.0	2.0	2.0	2.0	2.0	**2.0**	2.0	3.0	3.0	2.0	**2.0**	**2.0**
Maximum	8.0	8.0	6.0	7.0	7.0	8.0	8.0	**8.0**	7.0	6.0	7.0	5.0	**7.0**	**8.0**

d_q2_children (5 yrs and more). How many major meals the children (5 yrs and more) of the HHs usually eat in a day (morning to night)?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Up to 2 times %	1.5	2.3	1.9	2.0	0.0	1.8	3.6	**1.9**	0.0	0.0	0.0	0.0	**0.0**	**1.0**
3 times	61.7	65.4	76.9	74.5	53.8	56.4	57.1	**63.5**	70.6	76.4	70.7	84.5	**74.0**	**68.5**
4 or more	36.8	32.3	21.2	23.5	46.2	41.8	39.3	**34.6**	29.4	23.6	29.3	15.5	**26.0**	**30.5**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	**100.0**
Mean #	3.4	3.3	3.2	3.2	3.5	3.4	3.4	**3.3**	3.3	3.2	3.3	3.2	**3.3**	**3.3**
Standard Deviation	0.5	0.5	0.4	0.5	0.5	0.5	0.6	**0.5**	0.5	0.4	0.5	0.4	**0.4**	**0.5**
Minimum	2.0	2.0	2.0	2.0	3.0	2.0	2.0	**2.0**	3.0	3.0	3.0	3.0	**3.0**	**2.0**
Maximum	4.0	4.0	4.0	4.0	4.0	4.0	4.0	**4.0**	4.0	4.0	4.0	4.0	**4.0**	**4.0**

d_q3. Does every member of the HHs get enough food every time they eat?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Yes, always	26.0	35.7	8.1	11.5	18.0	41.9	74.2	**30.8**	18.8	19.5	17.8	23.1	**19.2**	**25.0**
Yes, Often	71.4	63.6	91.9	82.0	80.3	58.1	25.8	**67.5**	81.2	80.5	82.2	76.9	**80.8**	**74.2**
No	2.6	0.6	0.0	6.6	1.6	0.0	0.0	**1.6**	0.0	0.0	0.0	0.0	**0.0**	**0.8**
%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N = All	154	154	62	61	61	62	62	308	149	159	230	78	308	616

d_q5_1. Name of food items the members of the HHs have eaten during previous day morning (breakfast)?

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Rice	94.2	94.2	98.4	93.4	95.1	95.2	88.7	**94.2**	93.3	94.3	93.5	94.9	**93.8**	**94.0**
Wheat	4.5	7.1	0.0	4.9	1.6	8.1	14.5	**5.8**	4.7	8.8	5.2	11.5	**6.8**	**6.3**
Leafy vegetables (lal shak, kochu shak)	35.1	30.5	40.3	39.3	29.5	38.7	16.1	**32.8**	19.5	27.0	27.4	11.5	**23.4**	**28.1**
Other leafy vegetables	25.3	30.5	19.4	34.4	26.2	32.3	27.4	**27.9**	16.8	27.7	20.4	28.2	**22.4**	**25.2**
Vegetable (ladies fingers)	22.7	22.1	21.0	18.0	26.2	24.2	22.6	**22.4**	12.8	11.3	11.7	12.8	**12.0**	**17.2**
Others non-leafy vegetables	39.6	44.2	37.1	39.3	37.7	50.0	45.2	**41.9**	36.9	39.6	34.3	50.0	**38.3**	**40.1**
Small fish	22.7	33.1	19.4	19.7	37.7	33.9	29.0	**27.9**	34.2	20.8	24.3	35.9	**27.3**	**27.6**
Big fish	6.5	6.5	4.8	6.6	3.3	6.5	11.3	**6.5**	4.0	3.1	3.9	2.6	**3.6**	**5.0**
Meat/ chicken	4.5	6.5	0.0	0.0	3.3	11.3	12.9	**5.5**	4.0	1.3	2.2	3.8	**2.6**	**4.1**
Egg	20.8	18.8	9.7	14.8	16.4	22.6	35.5	**19.8**	14.8	10.7	13.5	10.3	**12.7**	**16.2**
Pulse	37.0	27.3	29.0	42.6	26.2	29.0	33.9	**32.1**	26.2	30.8	27.4	32.1	**28.6**	**30.4**
Milk	1.3	0.6	1.6	1.6	0.0	1.6	0.0	**1.0**	0.7	0.0	0.4	0.0	**0.3**	**0.6**
Sour fruit	4.5	3.9	4.8	3.3	4.9	4.8	3.2	**4.2**	8.1	6.3	4.8	14.1	**7.1**	**5.7**
Others fruit	1.3	0.6	0.0	1.6	1.6	1.6	0.0	**1.0**	0.0	0.0	0.0	0.0	**0.0**	**0.5**
Ground sesame seed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Biscuit	3.2	8.4	1.6	4.9	4.9	3.2	14.5	**5.8**	1.3	1.3	1.3	1.3	**1.3**	**3.6**
Khichuri	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
Halua/suji/firni	0.6	0.0	0.0	0.0	0.0	1.6	0.0	**0.3**	1.3	1.9	1.7	1.3	**1.6**	**1.0**
Chira/ muri	1.3	1.9	1.6	3.3	1.6	0.0	1.6	**1.6**	0.0	1.3	0.9	0.0	**0.6**	**1.1**
Molasses/ sugar	1.9	1.3	1.6	0.0	0.0	1.6	4.8	**1.6**	0.0	1.3	0.9	0.0	**0.6**	**1.1**

Have not eaten anything	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
# of Responses	504	522	180	200	193	227	226	**1026**	415	457	630	242	872	1898
N = All	154	154	62	61	61	62	62	**308**	149	159	230	78	308	616

*Multiple response

d_q5_2. Name of food items the members of the HHs have eaten during previous day between morning and pre-lunch?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Rice	6.5	0.6	6.5	3.3	1.6	1.6	4.8	**3.6**	5.4	5.0	6.1	2.6	**5.2**	**4.4**
Wheat	3.2	3.9	0.0	0.0	3.3	3.2	11.3	**3.6**	0.0	0.6	0.4	0.0	**0.3**	**1.9**
Leafy vegetables (lal shak, kochu shak)	3.9	0.6	3.2	0.0	1.6	1.6	4.8	**2.3**	0.0	0.6	0.4	0.0	**0.3**	**1.3**
Other leafy vegetables	0.6	0.0	0.0	0.0	0.0	1.6	0.0	**0.3**	1.3	1.3	1.7	0.0	**1.3**	**0.8**
Vegetable (ladies fingers)	0.6	0.0	0.0	0.0	0.0	1.6	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
Others non-leafy vegetables	1.9	0.6	0.0	0.0	1.6	1.6	3.2	**1.3**	2.0	3.1	3.5	0.0	**2.6**	**1.9**
Small fish	0.6	0.6	0.0	0.0	0.0	0.0	3.2	**0.6**	0.7	0.6	0.4	1.3	**0.6**	**0.6**
Big fish	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	1.3	0.0	0.4	1.3	**0.6**	**0.3**
Meat/ chicken	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Egg	5.2	2.6	3.2	1.6	3.3	3.2	8.1	**3.9**	0.7	0.6	0.9	0.0	**0.6**	**2.3**
Pulse	5.2	1.3	4.8	1.6	1.6	1.6	6.5	**3.2**	0.0	0.0	0.0	0.0	**0.0**	**1.6**
Milk	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
Sour fruit	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.7	1.3	0.0	3.8	**1.0**	**0.6**
Others fruit	4.5	1.3	0.0	3.3	0.0	8.1	3.2	**2.9**	0.0	1.3	0.4	1.3	**0.6**	**1.8**
Ground sesame seed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Biscuit	16.9	27.9	11.3	13.1	19.7	27.4	40.3	**22.4**	22.1	25.2	22.6	26.9	**23.7**	**23.1**

Khichuri	0.6	4.5	0.0	0.0	1.6	3.2	8.1	**2.6**	0.7	0.6	0.0	2.6	**0.6**	**1.6**
Halua/suji/firni	0.6	4.5	0.0	0.0	1.6	4.8	6.5	**2.6**	11.4	5.0	10.0	2.6	**8.1**	**5.4**
Chira/ muri	13.0	22.1	9.7	9.8	13.1	22.6	32.3	**17.5**	6.0	6.3	5.2	9.0	**6.2**	**11.9**
Molasses/ sugar	2.6	7.1	1.6	1.6	0.0	9.7	11.3	**4.9**	0.0	0.6	0.4	0.0	**0.3**	**2.6**
Have not eaten anything	64.3	61.7	79.0	78.7	68.9	48.4	40.3	**63.0**	69.1	65.4	67.0	67.9	**67.2**	**65.1**
# of Responses	**201**	**217**	**74**	**69**	**72**	**87**	**116**	**418**	**181**	**187**	**275**	**93**	**368**	**786**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

*Multiple response

d_q5_3. Name of food items the members of the HHs have eaten during previous day noon? (lunch)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Rice	96.8	100.0	95.2	96.7	100.0	100.0	100.0	**98.4**	100.0	99.4	99.6	100.0	**99.7**	**99.0**
Wheat	0.6	0.6	0.0	1.6	0.0	1.6	0.0	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.3**
Leafy vegetables (lal shak, kochu shak)	42.9	39.6	46.8	45.9	36.1	41.9	35.5	**41.2**	26.2	39.6	32.6	34.6	**33.1**	**37.2**
Other leafy vegetables	29.9	40.3	27.4	37.7	37.7	37.1	35.5	**35.1**	23.5	31.4	28.7	24.4	**27.6**	**31.3**
Vegetable (ladies fingers)	18.2	26.6	19.4	23.0	23.0	22.6	24.2	**22.4**	10.1	12.6	10.9	12.8	**11.4**	**16.9**
Others non-leafy vegetables	41.6	50.0	38.7	42.6	45.9	41.9	59.7	**45.8**	46.3	44.0	40.4	59.0	**45.1**	**45.5**
Small fish	51.9	50.0	30.6	54.1	50.8	61.3	58.1	**51.0**	55.7	54.1	53.0	60.3	**54.9**	**52.9**
Big fish	11.7	26.6	3.2	13.1	14.8	27.4	37.1	**19.2**	18.1	14.5	16.5	15.4	**16.2**	**17.7**
Meat/ chicken	9.7	22.1	1.6	6.6	11.5	22.6	37.1	**15.9**	5.4	1.3	3.0	3.8	**3.2**	**9.6**
Egg	23.4	31.8	22.6	19.7	26.2	32.3	37.1	**27.6**	25.5	29.6	24.3	37.2	**27.6**	**27.6**
Pulse	35.7	33.8	32.3	34.4	34.4	33.9	38.7	**34.7**	30.9	40.3	35.2	37.2	**35.7**	**35.2**
Milk	0.0	1.9	0.0	0.0	0.0	3.2	1.6	**1.0**	0.7	0.0	0.0	1.3	**0.3**	**0.6**

Description	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Sour fruit	1.3	1.9	0.0	0.0	0.0	6.5	1.6	**1.6**	0.7	0.6	0.9	0.0	**0.6**	**1.1**
Others fruit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Ground sesame seed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Biscuit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Khichuri	0.6	0.6	0.0	0.0	0.0	0.0	3.2	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.3**
Halua/suji/firni	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Chira/ muri	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Molasses/ sugar	0.6	0.0	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
Dry fish	3.2	1.9	1.6	3.3	4.9	3.2	0.0	**2.6**	5.4	4.4	4.3	6.4	**4.9**	**3.7**
Have not eaten anything	3.2	0.6	4.8	3.3	1.6	0.0	0.0	**1.9**	0.7	0.0	0.0	1.3	**0.3**	**1.1**
# of Responses	572	660	201	233	236	270	292	1232	520	591	804	307	1111	2343
N = All	154	154	62	61	61	62	62	308	149	159	230	78	308	616

*Multiple response

d_q5_4. Name of food items the members of the HHs have eaten during previous day afternoon/ evening?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Rice	0.0	0.6	0.0	0.0	1.6	0.0	0.0	**0.3**	2.0	0.0	0.9	1.3	**1.0**	0.6
Wheat	1.3	0.0	0.0	0.0	0.0	0.0	3.2	**0.6**	0.0	0.0	0.0	0.0	**0.0**	0.3
Leafy vegetables (lal shak, kochu shak)	0.0	0.6	0.0	0.0	1.6	0.0	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	0.2
Other leafy vegetables	0.0	0.6	0.0	0.0	1.6	0.0	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	0.2
Vegetable (ladies fingers)	0.0	0.6	0.0	0.0	1.6	0.0	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	0.2
Others non-leafy vegetables	0.6	1.3	0.0	0.0	0.0	1.6	3.2	**1.0**	0.0	0.0	0.0	0.0	**0.0**	0.5
Small fish	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	0.0

Description	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Big fish	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.7	0.0	0.4	0.0	**0.3**	0.2
Meat/ chicken	0.0	0.6	0.0	0.0	0.0	1.6	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	0.2
Egg	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.7	0.0	0.0	1.3	**0.3**	0.3
Pulse	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.7	0.0	0.0	1.3	**0.3**	0.2
Milk	0.0	1.3	0.0	0.0	0.0	0.0	3.2	**0.6**	0.0	0.0	0.0	0.0	**0.0**	0.3
Sour fruit	1.3	3.2	0.0	0.0	0.0	1.6	9.7	**2.3**	0.7	0.0	0.4	0.0	**0.3**	1.3
Others fruit	0.0	1.9	0.0	0.0	0.0	0.0	4.8	**1.0**	0.0	0.0	0.0	0.0	**0.0**	0.5
Ground sesame seed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	0.0
Biscuit	34.4	39.6	19.4	27.9	37.7	45.2	54.8	**37.0**	38.9	35.2	40.9	25.6	**37.0**	37.0
Khichuri	1.9	3.2	1.6	1.6	3.3	1.6	4.8	**2.6**	0.7	0.0	0.4	0.0	**0.3**	1.5
Halua/suji/firni	7.1	9.7	1.6	1.6	13.1	9.7	16.1	**8.4**	16.8	8.8	14.3	7.7	**12.7**	10.6
Chira/ muri	27.3	31.8	14.5	23.0	31.1	30.6	48.4	**29.5**	20.8	17.0	20.4	14.1	**18.8**	24.2
Molasses/ sugar	4.5	8.4	1.6	6.6	11.5	4.8	8.1	**6.5**	5.4	0.6	2.6	3.8	**2.9**	4.7
Have not eaten anything	57.1	50.6	75.8	65.6	45.9	50.0	32.3	**53.9**	52.3	60.4	54.3	62.8	**56.5**	55.2
# of Responses	**209**	**239**	**71**	**77**	**91**	**91**	**118**	**448**	**208**	**194**	**310**	**92**	**402**	**850**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

*Multiple response

d_q5_5. Name of food items the members of the HHs have eaten during previous day night? (Dinner)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Rice	98.7	100.0	100.0	100.0	98.4	100.0	98.4	**99.4**	99.3	100.0	100.0	98.7	**99.7**	**99.5**
Wheat	1.3	1.3	0.0	1.6	0.0	0.0	4.8	**1.3**	0.0	0.0	0.0	0.0	**0.0**	**0.6**
Leafy vegetables (lal shak, kochu shak)	32.5	36.4	37.1	37.7	29.5	29.0	38.7	**34.4**	28.2	36.5	32.2	33.3	**32.5**	**33.4**
Other leafy vegetables	20.8	28.6	17.7	23.0	23.0	33.9	25.8	**24.7**	24.2	35.8	28.7	34.6	**30.2**	**27.4**

Vegetable (ladies fingers)	21.4	20.1	14.5	14.8	32.8	17.7	24.2	**20.8**	12.1	9.4	9.1	15.4	**10.7**	**15.7**
Others non-leafy vegetables	42.9	51.3	40.3	42.6	45.9	58.1	48.4	**47.1**	50.3	42.1	41.3	60.3	**46.1**	**46.6**
Small fish	44.2	49.4	35.5	49.2	52.5	53.2	43.5	**46.8**	53.0	44.0	44.3	60.3	**48.4**	**47.6**
Big fish	16.9	27.3	11.3	9.8	26.2	30.6	32.3	**22.1**	14.1	9.4	14.8	2.6	**11.7**	**16.9**
Meat/ chicken	17.5	24.0	4.8	11.5	16.4	22.6	48.4	**20.8**	5.4	3.1	4.3	3.8	**4.2**	**12.5**
Egg	31.8	36.4	25.8	32.8	32.8	38.7	40.3	**34.1**	35.6	41.5	40.9	32.1	**38.6**	**36.4**
Pulse	46.8	40.9	38.7	57.4	37.7	45.2	40.3	**43.8**	32.9	52.2	42.2	44.9	**42.9**	**43.3**
Milk	0.6	2.6	0.0	0.0	3.3	1.6	3.2	**1.6**	0.0	0.0	0.0	0.0	**0.0**	**0.8**
Sour fruit	0.6	1.3	0.0	0.0	0.0	3.2	1.6	**1.0**	0.0	0.0	0.0	0.0	**0.0**	**0.5**
Others fruit	0.6	0.6	0.0	0.0	0.0	0.0	3.2	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.3**
Ground sesame seed	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
Biscuit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Khichuri	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
Halua/suji/firni	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Chira/ muri	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.7	1.3	0.0	3.8	**1.0**	**0.5**
Molasses/ sugar	0.6	0.0	0.0	0.0	0.0	0.0	1.6	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
Dry fish	4.5	2.6	3.2	4.9	4.9	1.6	3.2	**3.6**	6.0	3.1	3.5	7.7	**4.5**	**4.1**
Have not eaten anything	0.6	0.0	0.0	0.0	1.6	0.0	0.0	**0.3**	0.7	0.0	0.0	1.3	**0.3**	**0.3**
# of Responses	**589**	**653**	**204**	**235**	**247**	**270**	**286**	**1242**	**540**	**602**	**831**	**311**	**1142**	**2384**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

*Multiple response

Section-E: Sickness of children and Treatment

e_q1. Sickness status of the children in the HHs during interview and/or within the past 3 (three) months [Except disability related sickness]

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Yes	63.0	48.1	62.9	50.8	65.6	51.6	46.8	**55.5**	43.0	25.2	34.3	32.1	**33.8**	**44.6**
No	37.0	51.9	37.1	49.2	34.4	48.4	53.2	**44.5**	57.0	74.8	65.7	67.9	**66.2**	**55.4**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

e_q5_2. Name of the disease

	Host community								Rohingya community					Total
	Union		Asset index						Age group		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Diarrhea/ Dysentery	5.6	3.2	0.0	4.2	3.4	2.1	17.5	**4.7**	6.0	2.3	2.4	11.5	**4.5**	**4.6**
Typhoid	0.6	1.1	1.6	0.0	0.0	2.1	0.0	**0.8**	0.0	0.0	0.0	0.0	**0.0**	**0.5**
Skin disease	5.6	1.1	6.6	8.3	3.4	0.0	0.0	**3.9**	1.5	2.3	2.4	0.0	**1.8**	**3.3**
Fever/cold	79.6	91.5	82.0	85.4	86.4	87.5	77.5	**84.0**	91.0	95.5	94.1	88.5	**92.8**	**86.6**
Worms	0.6	0.0	1.6	0.0	0.0	0.0	0.0	**0.4**	0.0	0.0	0.0	0.0	**0.0**	**0.3**
Malnourished	8.0	3.2	8.2	2.1	6.8	8.3	5.0	**6.3**	1.5	0.0	1.2	0.0	**0.9**	**4.6**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	**100.0**
#	162	94	61	48	59	48	40	**256**	67	44	85	26	**111**	**367**

e_q5_3. Sick right now?

	Host community								Rohingya community					Total
	Union		Asset index						Age group		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	**Total**
Yes	35.8	17.0	44.3	20.8	22.0	20.8	35.0	**28.9**	11.9	13.6	14.1	7.7	**12.6**	**24.0**
No	64.2	83.0	55.7	79.2	78.0	79.2	65.0	**71.1**	88.1	86.4	85.9	92.3	**87.4**	**76.0**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	**100.0**
#	162	94	61	48	59	48	40	**256**	67	44	85	26	**111**	**367**

e_q5_4. The duration of the disease (days)

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	**Total**
1 to 7 days	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	0.0	**0.0**
8 to 14 days	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	100.0	**100.0**
15 days or more	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	0.0	**0.0**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	100.0	**100.0**
Mean	7.2	5.5	8.6	7.1	6.6	5.3	4.7	**6.6**	5.3	6.8	6.4	4.4	5.9	**6.4**
Standard Deviation	7.5	3.8	10.3	5.8	5.4	2.2	2.7	**6.5**	5.3	13.0	10.4	1.8	9.2	**7.4**
Minimum	1.0	1.0	2.0	2.0	2.0	1.0	1.0	**1.0**	1.0	2.0	2.0	1.0	1.0	**1.0**
Maximum	40.0	30.0	40.0	30.0	30.0	10.0	15.0	**40.0**	30.0	90.0	90.0	7.0	90.0	**90.0**
N = All	162	94	61	48	59	48	40	256	67	44	85	26	111	367

e_q5_5. Whether consulted a doctor?

| | Host community | | | | | | | | Rohingya community | | | | | |
| | Union | | Asset index | | | | | | Age group | | Education of respondent | | | Total |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	
Yes	81.5	92.6	83.6	81.3	88.1	87.5	87.5	**85.5**	88.1	93.2	90.6	88.5	**90.1**	86.9
No	18.5	7.4	16.4	18.8	11.9	12.5	12.5	**14.5**	11.9	6.8	9.4	11.5	**9.9**	13.1
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	100.0
#	162	94	61	48	59	48	40	**256**	67	44	85	26	**111**	**367**

e_q5_6. Total cost of treatment for the disease (taka)

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
No cost	4.3	1.1	0.0	0.0	3.4	6.3	7.5	**3.1**	26.9	13.6	23.5	15.4	21.6	**8.7**
up to 500 taka	45.1	40.4	50.8	47.9	50.8	25.0	37.5	**43.4**	58.2	61.4	58.8	61.5	59.5	**48.2**
501 to 1000 taka	19.8	14.9	26.2	16.7	11.9	20.8	12.5	**18.0**	4.5	22.7	11.8	11.5	11.7	**16.1**
1001 to 5000 taka	29.0	39.4	23.0	31.3	28.8	47.9	37.5	**32.8**	9.0	2.3	4.7	11.5	6.3	**24.8**
5001 to 10000 taka	1.9	3.2	0.0	2.1	5.1	0.0	5.0	**2.3**	1.5	0.0	1.2	0.0	0.9	**1.9**
10001 taka or more	0.0	1.1	0.0	2.1	0.0	0.0	0.0	**0.4**	0.0	0.0	0.0	0.0	0.0	**0.3**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Mean (Taka)	**1118.0**	**1525.3**	**1215.7**	**2013.9**	**1275.8**	**792.6**	**1008.8**	**1267.5**	**600.0**	**943.2**	**731.8**	**750.0**	**736.0**	**1106.8**
Standard Deviation (Taka)	**1645.7**	**5208.6**	**1454.9**	**7172.1**	**2228.3**	**474.2**	**1479.5**	**3412.2**	**1407.3**	**1377.6**	**1437.4**	**1294.1**	**1399.5**	**2959.8**
Minimum (Taka)	**0.0**	**0.0**	**100**	**100**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Maximum (Taka)	**10000**	**50000**	**5000**	**50000**	**10000**	**2000**	**7000**	**50000**	**10000**	**5000**	**10000**	**5000**	**10000**	**50000**
N = All	**162**	**94**	**61**	**48**	**59**	**48**	**40**	**256**	**67**	**44**	**85**	**26**	**111**	**367**

Section-F: Treatment facilities and Use

f_q1. Type of health care facilities around where people can take treatment for any diseases?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Govt. hospital/health center	59.1	55.8	54.8	68.9	59.0	64.5	40.3	**57.5**	8.7	14.5	8.3	21.8	**11.7**	**34.6**
NGO clinic	9.7	13.0	14.5	6.6	14.8	11.3	9.7	**11.4**	95.3	96.2	97.4	91.0	**95.8**	**53.6**
Private clinic	22.1	26.0	22.6	23.0	21.3	33.9	19.4	**24.0**	10.7	15.7	12.2	16.7	**13.3**	**18.7**
MBBS doctor	20.1	42.9	14.5	19.7	36.1	41.9	45.2	**31.5**	8.1	3.1	5.7	5.1	**5.5**	**18.5**
RMP/ Palli chikitshak	26.6	39.0	29.0	32.8	42.6	29.0	30.6	**32.8**	9.4	7.5	9.1	6.4	**8.4**	**20.6**
Pharmacy salesmen	52.6	65.6	54.8	59.0	62.3	61.3	58.1	**59.1**	20.1	11.3	14.8	17.9	**15.6**	**37.3**
Homeopath	0.6	0.0	0.0	1.6	0.0	0.0	0.0	**0.3**	0.0	0.0	0.0	0.0	**0.0**	**0.2**
# of Responses	**294**	**373**	**118**	**129**	**144**	**150**	**126**	**667**	**227**	**236**	**339**	**124**	**463**	**1130**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**
*Multiple response														

f_q2. Health facilities where the HH members usually go for treatment

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Govt. hospital/health center	53.2	44.8	45.2	60.7	50.8	54.8	33.9	**49.0**	8.7	13.8	8.3	20.5	**11.4**	**30.2**
NGO clinic	5.8	10.4	11.3	8.2	6.6	6.5	8.1	**8.1**	95.3	95.0	97.0	89.7	**95.1**	**51.6**
Private clinic	31.8	35.7	25.8	32.8	27.9	40.3	41.9	**33.8**	10.1	15.1	10.0	20.5	**12.7**	**23.2**

	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
MBBS doctor	19.5	46.1	16.1	21.3	36.1	43.5	46.8	**32.8**	7.4	4.4	6.1	5.1	**5.8**	**19.3**
RMP/ Palli chikitshak	31.8	38.3	30.6	37.7	41.0	30.6	35.5	**35.1**	11.4	9.4	11.7	6.4	**10.4**	**22.7**
Pharmacy salesmen	57.1	59.1	58.1	59.0	63.9	56.5	53.2	**58.1**	20.8	15.7	17.0	21.8	**18.2**	**38.1**
Homeopath	0.6	0.6	1.6	0.0	0.0	1.6	0.0	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.3**
Kobiraj/ ayurved	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
# of Responses	308	362	117	134	138	145	136	**670**	229	244	345	128	473	1143
N = All	154	154	62	61	61	62	62	**308**	149	159	230	78	308	616

*Multiple response

f_q3. Who usually take decision for treatment if any of your household member gets sick?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Self	3.8	11.0	3.2	8.2	6.5	1.6	17.7	**7.4**	11.4	19.5	13.4	21.8	**15.6**	**11.5**
Husband	40.9	41.6	53.2	34.4	31.1	45.2	41.9	**41.2**	43.0	38.4	39.6	43.6	**40.6**	**40.9**
Jointly with the husband	53.2	46.1	43.5	57.4	62.3	50.0	35.5	**49.7**	43.6	42.1	46.1	33.3	**42.9**	**46.3**
Mother in law	0.6	0.6	0.0	0.0	0.0	1.6	1.6	**0.6**	1.3	0.0	0.4	1.3	**0.6**	**0.6**
Father in law	1.3	0.0	0.0	0.0	0.0	1.6	1.6	**0.6**	0.0	0.0	0.0	0.0	**0.0**	**0.3**
Other family members	0.0	0.6	0.0	0.0	0.0	0.0	1.6	**0.3**	0.7	0.0	0.4	0.0	**0.3**	**0.3**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N = All	154	154	62	61	61	62	62	308	149	159	230	78	308	616

Section-G: Disability and Rickets

Disability prevalence

Table-G1: Prevalence of disability in the sample HHs

# of disable members in the sample HH	Host community	Rohingya community	Total
No disable	275 (89.3%)	264 (85.7%)	**539 (87.5%)**
One disable	29 (9.4%)	38 (11.0%)	**67 (10.2%)**
More than one	4 (1.3%)	6 (3.2%)	**10 (2.3%)**
Total N	**308 (100%)**	**308 (100%)**	**616 (100%)**
Total # of disables	**39**	**50**	**89**

Table-G2: Prevalence of disability among the members of sample HHs, by age group

Prevalence	Host community			Rohingya community		
	Up to 13 years	> 13 years	**All**	Up to 13 years	> 13 years	**All**
Total # of members in the sample HHs	615	884	**1499**	777	791	**1568**
Total # of disables	23	16	**39**	38	12	**50**
Proportion of disability	3.7	1.8	**2.6**	4.9	1.5	**3.2**

Table-G3: Nature of disability among Persons with disability, by age group

Nature of disability	Host community			Rohingya community		
	Up to 13 years	> 13 years	**All**	Up to 13 years	> 13 years	**All**
Seeing	8.7	12.5	**10.3**	0.0	16.7	**4.0**
Hearing	0.0	0.0	**0.0**	7.9	0.0	**6.0**
Walking/climbing	39.1	43.8	**41.0**	52.6	50.0	**52.0**
Remembering/ Concentrating	4.3	0.0	**2.6**	10.5	0.0	**8.0**
Self-care	4.3	12.5	**7.7**	7.9	25.0	**12.0**
Communicating/ understanding	4.3	12.5	**7.7**	13.2	8.3	**12.0**
Rickets	26.1	6.3	**17.9**	5.3	0.0	**4.0**
Speaking	8.7	0.0	**5.1**	0.0	0.0	**0.0**
Low nutrition	0.0	6.3	**2.6**	2.6	0.0	**2.0**
One hand is useless	4.3	6.3	**5.1**	0.0	0.0	**0.0**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total # of disables	**23**	**16**	**39**	**38**	**12**	**50**

Table-G4: Severity of disability among Persons with disability, by age group

Disables (Work with)	Host community			Rohingya community		
	Up to 13 years	> 13 years	**All**	Up to 13 years	> 13 years	**All**
Some difficulty	69.6	12.5	**46.2**	13.2	33.3	**18.0**
A lot of difficulty	30.4	68.8	**46.2**	63.2	41.7	**58.0**
Cannot do at all	0.0	18.8	**7.7**	23.7	25.0	**24.0**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Tot. # of disables	**23**	**16**	**39**	**38**	**12**	**50**

Knowledge about disability and Treatment

g_q1. In your opinion, in how many different ways a child or any member of a family could become disabled?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	**Total**
By birth	66.9	62.4	78.0	75.9	66.7	49.2	54.8	**64.6**	61.6	59.7	56.5	71.2	**60.6**	**62.7**
Accident/ disaster/ attack	29.1	15.4	32.2	25.9	17.5	8.2	27.4	**22.2**	12.8	7.9	8.9	13.7	**10.2**	**16.6**
From disease	27.0	18.8	30.5	24.1	19.3	14.8	25.8	**22.9**	14.4	14.4	11.0	23.3	**14.4**	**18.9**
Wrong treatment	22.3	21.5	23.7	19.0	29.8	16.4	21.0	**21.9**	12.8	13.7	9.4	23.3	**13.3**	**17.8**
Malnutrition	66.2	71.1	59.3	60.3	66.7	73.8	82.3	**68.7**	55.2	55.4	58.1	47.9	**55.3**	**62.4**
# of Responses	**313**	**282**	**132**	**119**	**114**	**99**	**131**	**595**	**196**	**210**	**275**	**131**	**406**	**1001**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**
*Multiple response														

g_q2. Do you have any facilities around for treatment of people with disabilities? If yes, where people can go?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Govt. hospital (local)	14.9	13.0	14.5	13.1	11.5	19.4	11.3	**14.0**	8.7	11.9	7.8	17.9	**10.4**	**12.2**
Govt. hospital (away)	26.6	14.9	30.6	26.2	14.8	17.7	14.5	**20.8**	2.0	7.5	3.0	10.3	**4.9**	**12.8**
NGO clinic	19.5	23.4	24.2	19.7	21.3	27.4	14.5	**21.4**	40.3	34.6	40.0	29.5	**37.3**	**29.4**
MBBS doctor/ private clinic	1.9	9.7	1.6	6.6	1.6	6.5	12.9	**5.8**	2.0	0.0	0.4	2.6	**1.0**	**3.4**
Any specialized hospital	1.3	8.4	3.2	1.6	0.0	6.5	12.9	**4.9**	0.7	0.6	0.4	1.3	**0.6**	**2.8**
No such facilities/ don't know	55.8	61.7	46.8	57.4	63.9	59.7	66.1	**58.8**	59.7	61.0	58.7	65.4	**60.4**	**59.6**
# of Responses	**185**	**202**	**75**	**76**	**69**	**85**	**82**	**387**	**169**	**184**	**254**	**99**	**353**	**740**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

*Multiple response

g_q3_boy. How many disable boy you can remember living around ?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
0	72.7	83.8	71.0	82.0	72.1	79.0	87.1	**78.2**	87.2	87.4	87.0	88.5	**87.3**	**82.8**
1	23.4	13.0	25.8	16.4	24.6	16.1	8.1	**18.2**	10.7	11.9	11.7	10.3	**11.4**	**14.8**
2 or more	3.9	3.2	3.2	1.6	3.3	4.8	4.8	**3.6**	2.0	0.6	1.3	1.3	**1.3**	**2.4**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**	**100.0**

Description	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
N = All	154	154	62	61	61	62	62	**308**	149	159	230	78	**308**	**616**
Mean	0.3	0.2	0.3	0.2	0.3	0.3	0.2	**0.3**	0.2	0.1	0.1	0.1	**0.1**	**0.2**
Standard Deviation	0.6	0.5	0.6	0.4	0.5	0.5	0.5	**0.5**	0.4	0.4	0.4	0.4	**0.4**	**0.5**
Minimum	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Maximum	3.0	2.0	3.0	2.0	2.0	2.0	2.0	**3.0**	3.0	2.0	2.0	3.0	**3.0**	**3.0**

g_q3_girl. How many disables girl you can remember living around?

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
0	77.9	86.4	79.0	78.7	85.2	82.3	85.5	**82.1**	90.6	89.9	89.6	92.3	**90.3**	**86.2**
1	20.8	10.4	19.4	19.7	11.5	14.5	12.9	**15.6**	8.7	10.1	10.4	6.4	**9.4**	**12.5**
2 or more	1.3	3.2	1.6	1.6	3.3	3.2	1.6	**2.3**	0.7	0.0	0.0	1.3	**0.3**	**1.3**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N = All	154	154	62	61	61	62	62	308	149	159	230	78	308	616
Mean	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.2
Standard Deviation	0.5	0.5	0.5	0.5	0.5	0.5	0.4	0.5	0.3	0.3	0.3	0.3	0.3	0.4
Minimum	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Maximum	2.0	3.0	2.0	2.0	3.0	2.0	2.0	3.0	2.0	1.0	1.0	2.0	2.0	3.0

g_q3_total. How many disables children you can remember living around?

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
0	63.0	77.3	61.3	72.1	67.2	72.6	77.4	**70.1**	79.9	80.5	79.6	82.1	**80.2**	**75.2**

1	23.4	14.3	27.4	16.4	21.3	14.5	14.5	**18.8**	16.8	15.7	16.1	16.7	**16.2**	**17.5**
2 or more	13.6	8.4	11.3	11.5	11.5	12.9	8.1	**11.0**	3.4	3.8	4.3	1.3	**3.6**	**7.3**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N = All	154	154	62	61	61	62	62	308	149	159	230	78	308	616
Mean	1.5	1.6	1.5	1.5	1.6	1.7	1.5	1.5	1.3	1.2	1.2	1.3	1.2	1.4
Standard Deviation	0.8	1.0	0.9	0.7	1.0	0.9	0.9	0.9	0.8	0.4	0.4	1.1	0.6	0.8
Minimum	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Maximum	4.0	5.0	4.0	3.0	5.0	4.0	4.0	5.0	5.0	2.0	2.0	5.0	5.0	5.0

g_q4. Do you think the children are getting proper treatment?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Yes	12.3	37.1	25.0	23.5	20.0	23.5	14.3	**21.7**	6.7	3.2	4.3	7.1	**4.9**	**15.0**
No	50.9	31.4	25.0	64.7	40.0	35.3	64.3	**43.5**	30.0	45.2	29.8	64.3	**37.7**	**41.2**
Do not know	36.8	31.4	50.0	11.8	40.0	41.2	21.4	**34.8**	63.3	51.6	66.0	28.6	**57.4**	**43.8**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N= Those who remembered disable around.	57	35	24	17	20	17	14	92	30	31	47	14	61	153

g_q5. If no, what are the reasons?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	

Treatment not available around	55.2	72.7	50.0	63.6	62.5	83.3	44.4	**60.0**	77.8	50.0	57.1	66.7	**60.9**	**60.3**
Expensive treatment	65.5	27.3	66.7	54.5	62.5	33.3	55.6	**55.0**	33.3	35.7	35.7	33.3	**34.8**	**47.6**
Treatment doesn't work	10.3	0.0	0.0	18.2	12.5	0.0	0.0	**7.5**	22.2	28.6	28.6	22.2	**26.1**	**14.3**
# of Responses	**38**	**11**	**7**	**15**	**11**	**7**	**9**	**49**	**12**	**16**	**17**	**11**	**28**	**77**
N= Those report not receiving proper treatment	**29**	**11**	**6**	**11**	**8**	**6**	**9**	**40**	**9**	**14**	**14**	**9**	**23**	**63**
***Multiple response**														

About Rickets

g_q6. Have you ever heard about a disease named 'Rickets'?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	**Total**
Yes	36.4	36.4	33.9	29.5	39.3	35.5	43.5	**36.4**	13.4	16.4	16.1	11.5	**14.9**	**25.6**
No	63.6	63.6	66.1	70.5	60.7	64.5	56.5	**63.6**	86.6	83.6	83.9	88.5	**85.1**	**74.4**
%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N = All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

g_q7. Have you ever seen a person affected with 'Rickets'?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	**Total**
Yes, in own house	4.5	0.6	4.8	1.6	1.6	1.6	3.2	**2.6**	1.3	2.5	2.2	1.3	**1.9**	**2.3**

Yes, in others' house	27.9	24.7	30.6	24.6	14.8	29.0	32.3	**26.3**	12.1	10.7	10.4	14.1	**11.4**	**18.8**
Yes, in picture	16.9	11.7	9.7	13.1	14.8	12.9	21.0	**14.3**	8.7	8.2	9.1	6.4	**8.4**	**11.4**
No	53.9	63.0	59.7	62.3	70.5	56.5	43.5	**58.4**	78.5	78.6	78.7	78.2	**78.6**	**68.5**
# of Responses	159	154	65	62	62	62	62	313	150	159	231	78	309	622
N= All	154	154	62	61	61	62	62	308	149	159	230	78	308	616

*Multiple response

g_q8. Do you know the reasons for which a child may get 'Rickets'? If yes, please tell how?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Not giving calcium rich food	16.9	27.5	18.5	12.5	25.9	13.8	33.3	**21.9**	3.0	0.0	0.0	5.9	**1.5**	**15.5**
Not giving nutritious food	23.4	39.1	22.2	29.2	25.9	48.3	28.2	**30.8**	6.1	11.8	4.0	23.5	**9.0**	**23.9**
Lack of Vitamin D.	5.2	11.6	0.0	4.2	3.7	10.3	17.9	**8.2**	0.0	0.0	0.0	0.0	**0.0**	**5.6**
If the body does not get sunlight	0.0	4.3	0.0	0.0	0.0	3.4	5.1	**2.1**	0.0	0.0	0.0	0.0	**0.0**	**1.4**
Don't know	64.9	47.8	66.7	62.5	63.0	51.7	46.2	**56.8**	90.9	88.2	96.0	70.6	**89.6**	**67.1**
# of Responses	**85**	**90**	**29**	**26**	**32**	**37**	**51**	**175**	**33**	**34**	**50**	**17**	**67**	**242**
N= seen a person affected with 'Rickets'	**77**	**69**	**27**	**24**	**27**	**29**	**39**	**146**	**33**	**34**	**50**	**17**	**67**	**213**

*Multiple response

g_q9. Do you think a child with Rickets can be cured?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Yes	51.9	62.3	51.9	45.8	51.9	62.1	66.7	**56.8**	27.3	23.5	24.0	29.4	**25.4**	**46.9**
No	3.9	1.4	3.7	4.2	0.0	0.0	5.1	**2.7**	0.0	2.9	2.0	0.0	**1.5**	**2.3**
Don't know	44.2	36.2	44.4	50.0	48.1	37.9	28.2	**40.4**	72.7	73.5	74.0	70.6	**73.1**	**50.7**
%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N = seen a person affected with 'Rickets'	**77**	**69**	**27**	**24**	**27**	**29**	**39**	**146**	**33**	**34**	**50**	**17**	**67**	**213**

g_q10. How do you think a child with Rickets can be cured?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Through treatment	85.0	88.4	78.6	100.0	92.9	88.9	80.8	**86.7**	88.9	87.5	91.7	80.0	**88.2**	**87.0**
Through food supplementation	27.5	25.6	14.3	18.2	14.3	50.0	26.9	**26.5**	11.1	12.5	8.3	20.0	**11.8**	**24.0**
Do not know	15.0	9.3	21.4	0.0	7.1	5.6	19.2	**12.0**	11.1	12.5	8.3	20.0	**11.8**	**12.0**
# of Responses	51	53	16	13	16	26	33	**104**	10	9	13	6	**19**	**123**
N= Those report child with Rickets can be cured	**40**	**43**	**14**	**11**	**14**	**18**	**26**	**83**	**9**	**8**	**12**	**5**	**17**	**100**
*Multiple response														

g_q11. Where could a child with 'Rickets' be treated?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Govt. hospital	27.3	27.5	29.6	16.7	18.5	34.5	33.3	**27.4**	3.0	0.0	0.0	5.9	**1.5**	**19.2**
NGO clinic	23.4	17.4	18.5	20.8	22.2	31.0	12.8	**20.5**	24.2	23.5	30.0	5.9	**23.9**	**21.6**
MBBS doctor/ private clinic	2.6	10.1	0.0	0.0	0.0	24.1	5.1	**6.2**	0.0	0.0	0.0	0.0	**0.0**	**4.2**
Any specialized hospital	3.9	8.7	0.0	0.0	11.1	3.4	12.8	**6.2**	0.0	0.0	0.0	0.0	**0.0**	**4.2**
No such facilities/ don't know	55.8	53.6	55.6	70.8	59.3	44.8	48.7	**54.8**	75.8	76.5	70.0	94.1	**76.1**	**61.5**
# of Responses	87	81	28	26	30	40	44	**168**	34	34	50	18	**68**	**236**
N = seen a child affected with 'Rickets'	**77**	**69**	**27**	**24**	**27**	**29**	**39**	**146**	**33**	**34**	**50**	**17**	**67**	**213**
*Multiple response														

g_q12. Is there any need for giving any special diet or food item for a Rickets affected child? If yes, can you please tell me what special food items should be given?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	Total
Taking calcium rich food	14.3	20.3	14.8	12.5	18.5	13.8	23.1	**17.1**	6.1	5.9	2.0	17.6	**6.0**	**13.6**
By giving nutritious food	23.4	31.9	14.8	20.8	25.9	34.5	35.9	**27.4**	6.1	2.9	2.0	11.8	**4.5**	**20.2**
It cures naturally	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Don't know	70.1	60.9	74.1	75.0	66.7	65.5	53.8	**65.8**	90.9	94.1	96.0	82.4	**92.5**	**74.2**
# of Responses	83	78	28	26	30	33	44	**161**	34	35	50	19	**69**	**230**
N = seen a child affected with 'Rickets'	**77**	**69**	**27**	**24**	**27**	**29**	**39**	**146**	**33**	**34**	**50**	**17**	**67**	**213**
*Multiple response														

g_q13. Do you think children could be protected from 'Rickets'? If yes, what should be done?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	**Total**
To give calcium rich food	18.2	23.2	18.5	12.5	18.5	10.3	35.9	**20.5**	3.0	0.0	0.0	5.9	**1.5**	**14.6**
To give nutritious food	37.7	33.3	33.3	33.3	33.3	34.5	41.0	**35.6**	12.1	11.8	8.0	23.5	**11.9**	**28.2**
Can't be protected	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Don't know	55.8	58.0	55.6	66.7	59.3	65.5	43.6	**56.8**	84.8	88.2	92.0	70.6	**86.6**	**66.2**
# of Responses	**86**	**79**	**29**	**27**	**30**	**32**	**47**	**165**	**33**	**34**	**50**	**17**	**67**	**232**
N = seen a child affected with 'Rickets'	77	69	27	24	27	29	39	146	33	34	50	17	67	213
*Multiple response														

g_q14. Where or how have you learnt about treatment and prevention of Rickets?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	Total
TV	10.4	10.1	3.7	12.5	3.7	17.2	12.8	**10.3**	0.0	0.0	0.0	0.0	**0.0**	7.0
Radio	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0	0.0	0.0	0.0	**0.0**	0.0
Poster/ leaflet	14.3	13.0	18.5	16.7	14.8	6.9	12.8	**13.7**	30.3	35.3	36.0	23.5	**32.8**	19.7
Relative/ friend/ neighbors	55.8	49.3	63.0	50.0	48.1	62.1	43.6	**52.7**	54.5	38.2	42.0	58.8	**46.3**	50.7
Health worker	29.9	20.3	14.8	33.3	33.3	17.2	28.2	**25.3**	27.3	26.5	24.0	35.3	**26.9**	25.8
Hospital/ clinic	5.2	8.7	7.4	4.2	11.1	3.4	7.7	**6.8**	0.0	2.9	2.0	0.0	**1.5**	5.2

Formal education	6.5	14.5	7.4	4.2	3.7	13.8	17.9	**10.3**	0.0	0.0	0.0	0.0	**0.0**	7.0
# of Responses	**94**	**80**	**31**	**29**	**31**	**35**	**48**	**174**	**37**	**35**	**52**	**20**	**72**	**246**
N = seen a child affected with 'Rickets'	77	69	27	24	27	29	39	146	33	34	50	17	67	213
***Multiple response**														

g_q15. Whether aware about the need for Vitamin-D in our body?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	**Total**	Up to 27 years	28 years or more	Never went to school	Ever went to school	**Total**	**Total**
Yes	21.4	18.2	16.1	13.1	18.0	21.0	30.6	**19.8**	4.7	1.9	3.9	1.3	**3.2**	**11.5**
No	78.6	81.8	83.9	86.9	82.0	79.0	69.4	**80.2**	95.3	98.1	96.1	98.7	**96.8**	**88.5**
%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N=All	**154**	**154**	**62**	**61**	**61**	**62**	**62**	**308**	**149**	**159**	**230**	**78**	**308**	**616**

Existence of Rickets symptoms among children

b_q1. Low growth as regards height and weight (6 months -13 years members)

	Host community								Rohingya community				Total
	Union		Asset index					**Total**	Age group		Education of respondent		**Total**
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest		Up to 27 years	28 years or more	Never went to school	Ever went to school	
Yes	8.3	6.5	6.6	12.4	5.3	6.9	4.9	**7.4**	5.1	4.9	4.4	7.1	**5.0**
No	91.7	93.5	93.4	87.6	94.7	93.1	95.1	**92.6**	94.9	95.1	95.6	92.9	**95.0**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N=Total # of children of the age group	**303**	**294**	**136**	**129**	**114**	**116**	**102**	**597**	**296**	**470**	**597**	**169**	**766**

b_q2. The wrist joint is increased (6 months -13 years members)

| | Host community | | | | | | | | Rohingya community | | | | |
| | Union | | Asset index | | | | | Total | Age group | | Education of respondent | | Total |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest		Up to 27 years	28 years or more	Never went to school	Ever went to school	
Yes	1.3	1.7	0.7	4.7	0.0	0.9	1.0	**1.5**	2.0	1.9	1.3	4.1	**2.0**
No	98.7	98.3	99.3	95.3	100.0	99.1	99.0	**98.5**	98.0	98.1	98.7	95.9	**98.0**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N=Total # of children	**303**	**294**	**136**	**129**	**114**	**116**	**102**	**597**	**296**	**470**	**597**	**169**	**766**

b_q3. Feels pain at the leg while walking (6 months -13 years members)

| | Host community | | | | | | | | Rohingya community | | | | |
| | Union | | Asset index | | | | | Total | Age group | | Education of respondent | | Total |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest		Up to 27 years	28 years or more	Never went to school	Ever went to school	
Yes	6.9	5.4	7.4	10.9	4.4	5.2	2.0	**6.2**	2.7	4.5	3.2	5.9	**3.8**
No	93.1	94.6	92.6	89.1	95.6	94.8	98.0	**93.8**	97.3	95.5	96.8	94.1	**96.2**
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N=Total # of children	**303**	**294**	**136**	**129**	**114**	**116**	**102**	**597**	**296**	**470**	**597**	**169**	**766**

b_q4. The ribs of the chest are raised (6 months -13 years members)

	Host community								Rohingya community				
	Union		Asset index						Age group		Education of respondent		Total
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	
Yes	2.0	2.0	2.9	2.3	1.8	1.7	1.0	**2.0**	4.1	3.2	2.8	5.9	**3.5**
No	98.0	98.0	97.1	97.7	98.2	98.3	99.0	**98.0**	95.9	96.8	97.2	94.1	**96.5**
Total %	**100.0**	**100.0**	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=Total # of children	303	294	136	129	114	116	102	597	296	470	597	169	766

b_q5. The legs are curved from knee to ankle (6 months -13 years members)

	Host community								Rohingya community				
	Union		Asset index					Total	Age group		Education of respondent		Total
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest		Up to 27 years	28 years or more	Never went to school	Ever went to school	
Yes	5.0	4.1	5.1	5.4	6.1	2.6	2.9	**4.5**	12.2	6.8	7.2	14.8	**8.9**
No	95.0	95.9	94.9	94.6	93.9	97.4	97.1	**95.5**	87.8	93.2	92.8	85.2	**91.1**
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**	100.0	100.0	100.0	100.0	**100.0**
N=Total # of children	303	294	136	129	114	116	102	**597**	296	470	597	169	**766**

Vitamin-D and Calcium

g_q16. Knowledge about the ways of getting Vitamin-D in our body

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
From sun light	36.4	53.6	50.0	12.5	27.3	38.5	68.4	**44.3**	14.3	0.0	0.0	100.0	**10.0**	**39.4**
From sea fish	12.1	35.7	0.0	12.5	18.2	38.5	31.6	**23.0**	0.0	0.0	0.0	0.0	**0.0**	**19.7**
Don't know	57.6	32.1	50.0	75.0	54.5	53.8	21.1	**45.9**	85.7	100.0	100.0	0.0	**90.0**	**52.1**
# of Responses	35	34	10	8	11	17	23	69	7	3	9	1	10	79
N=Know about Vitamin-D	33	28	10	8	11	13	19	61	7	3	9	1	10	71
***Multiple response**														

g_q17. Do you know anything about the need for calcium in our body?

| Description | Host community | | | | | | | | Rohingya community | | | | | Total |
| | Union | | Asset index | | | | | | Age of respondent | | Education of respondent | | | |
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Yes	39.6	35.7	29.0	29.5	41.0	38.7	50.0	**37.7**	20.8	13.2	16.1	19.2	**16.9**	**27.3**
No	60.4	64.3	71.0	70.5	59.0	61.3	50.0	**62.3**	79.2	86.8	83.9	80.8	**83.1**	**72.7**
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N = All	154	154	62	61	61	62	62	308	149	159	230	78	308	616

g_q18. What are the benefits of calcium in our body?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Helps in bone formation	41.0	70.9	44.4	44.4	52.0	62.5	64.5	**55.2**	45.2	57.1	45.9	60.0	**50.0**	**53.6**
Strengthens bones	62.3	58.2	66.7	55.6	60.0	62.5	58.1	**60.3**	29.0	61.9	40.5	46.7	**42.3**	**54.8**
Don't know	19.7	10.9	22.2	22.2	20.0	12.5	6.5	**15.5**	38.7	19.0	29.7	33.3	**30.8**	**20.2**
# of Responses	**75**	**77**	**24**	**22**	**33**	**33**	**40**	**152**	**35**	**29**	**43**	**21**	**64**	**216**
N= Know about calcium	**61**	**55**	**18**	**18**	**25**	**24**	**31**	**116**	**31**	**21**	**37**	**15**	**52**	**168**
*Multiple response														

g_q19. Name some of the foods that are rich in calcium?

Description	Host community								Rohingya community					Total
	Union		Asset index						Age of respondent		Education of respondent			
	Haldiapalong	Ratnapalong	Lowest	2	3	4	Highest	Total	Up to 27 years	28 years or more	Never went to school	Ever went to school	Total	
Kachushak, Kalmishak, Lalshak, Laushak	54.1	60.0	61.1	61.1	60.0	50.0	54.8	**56.9**	58.1	61.9	56.8	66.7	**59.6**	**57.7**
Potatoes, barbati	11.5	29.1	11.1	11.1	28.0	16.7	25.8	**19.8**	38.7	38.1	32.4	53.3	**38.5**	**25.6**
Small fish	19.7	30.9	11.1	22.2	16.0	29.2	38.7	**25.0**	3.2	4.8	5.4	0.0	**3.8**	**18.5**
Dry fish	3.3	1.8	0.0	0.0	4.0	4.2	3.2	**2.6**	0.0	0.0	0.0	0.0	**0.0**	**1.8**
Eggs, meat, butter	21.3	38.2	16.7	33.3	28.0	33.3	32.3	**29.3**	19.4	14.3	16.2	20.0	**17.3**	**25.6**
Don't know	34.4	12.7	27.8	38.9	28.0	20.8	12.9	**24.1**	35.5	33.3	37.8	26.7	**34.6**	**27.4**
# of Responses	**88**	**95**	**23**	**30**	**41**	**37**	**52**	**183**	**48**	**32**	**55**	**25**	**80**	**263**
N= Know about calcium	**61**	**55**	**18**	**18**	**25**	**24**	**31**	**116**	**31**	**21**	**37**	**15**	**52**	**168**
*Multiple response														