

# Añárar Báfana

## *Our Thoughts*

Rohingya share  
their experiences and  
recommendations

**Summary report**



For months, if not years, many Rohingya refugees have reported that they are unable to provide meaningful input in decision-making within the humanitarian response and to have their thoughts heard. This research is a critical exploration of accountability and inclusiveness in the Rohingya response and seeks to understand Rohingya thoughts, experiences, and preferences within the response.

Between 17 August and 24 October 2020, a team of 17 (six female and eleven male) Rohingya field researchers trained in qualitative research conducted a total of 212 consultations (194 Focus Group Discussions (FGDs) and 18 Key Informant Interviews (KIIs)) across 27 camps, with support from three Bangladeshi IOM CwC staff (one female and two male). All consultations were open-ended semi-structured discussions, allowing participants to express their thoughts and raise what they felt was important.

This brief presents some of the key overarching and cross-cutting findings. Sector-specific findings are expanded upon in the full report, along with suggestions from Rohingya participants on how different sectors and the broader humanitarian response can improve programming and inclusion.

The full report is available [here](#).

## Summary of key findings

### ACCOUNTABILITY & COMMUNITY ENGAGEMENT

**Gratitude for Basic Services:** Most participants expressed gratitude regarding all assistance and support received. They acknowledged that they do not pay for this assistance and that without it they would not be alive today. Food was the most appreciated form of assistance by both male and female FGDs. Men were also appreciative of latrines, bathing facilities, water, and liquefied petroleum gas (LPG), while women were most appreciative of non-food items (NFIs) such as clothing, kitchen items, menstrual hygiene management (MHM) items, hygiene kits, and hygiene promotion sessions.

**Relationship between the Rohingya and different humanitarian actors:** The Rohingya reported varying degrees of respectful treatment by humanitarian actors. They discussed primarily Bangladeshi and Rohingya humanitarians because they have less contact with international humanitarians. They discussed misconduct, unfair treatment, corruption, and volunteers and staff not doing their job properly. Participants were more likely to report negative experiences with non-Rohingya staff than with Rohingya volunteers. Whether or not volunteers or staff had introduced themselves and conducted culturally appropriate greetings was the most common example of how positive or negative engagement looks. Language barriers were often mentioned as a reason for feeling disrespected or misunderstood and were directly linked to a reluctance to engage with and trust responders. People also said they are more comfortable sharing opinions and engaging with humanitarians when personal relationships have been developed in a quiet and safe space within sub-blocks or when work is conducted at the shelter or block level.

**Inclusion in decision-making:** Most participants said they did not feel engaged in consultations and decision-making processes. Some said only Mahjis or volunteers are consulted, while others said that they were sometimes consulted but their opinions were not taken into consideration. People may feel this way because they do not receive follow-up about the impact of the consultations they engaged in. Participants also noted that literate people, people with specific roles (imams), and older males are consulted, while illiterate people, younger people, and women and girls are not. Although participants acknowledged that needs assessments occurred, these were not interpreted as inclusion in decision-making because they do not allow for open dialogue and do not give space for people to voice opinions, raise issues, and discuss solutions.



**Feedback and complaint mechanisms:** When asked where people go to report a problem related to humanitarian aid, male participants said they file their complaints to the Camp in Charge (CiC), Mahji, and Site Management offices. The Mahji was often listed as the first point of contact because of their perceived connection to CiCs and because CiCs and some relief agencies require the Mahji's engagement to resolve issues. Most female participants said they did not know where to report complaints or provide feedback. It seems women and girls are less accustomed to raising issues and complaints or providing feedback as they struggled to discuss their experiences with complaint and feedback mechanisms. Most participants, both male and female, did not know of other avenues for filing complaints if the issues reported were not resolved, and the existing feedback mechanisms are considered unreliable or unclear.

Approximately half the participants reported negative experiences when trying to report problems and issues in the camps. Participants in only 33% of male FGDs and 19% of female FGDs were able to recall a positive experience when providing feedback and requesting help from humanitarians. Many said they had complained about specific issues so many times without a response that they no longer complained. In 23 FGDs, mostly with men between 41-55, participants mentioned the need to pay bribes for complaints to be processed and resolved. In some discussions, men said they no longer trust humanitarians to help them because of their inability to respond to and resolve issues.

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## CROSS-CUTTING THEMES

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### THE COLLECTION OF DISTRIBUTED ASSISTANCE

Three overarching problems were raised throughout the consultations that greatly impact access and the collection of assistance:

- **Being unable to carry the assistance home due to its weight** was by far the biggest challenge reported by all participants. Both male and female participants detailed having to sell some of their rations or go into debt to pay for a porter or a vehicle to transport assistance home. In 18 discussions, people noted that porters for especially vulnerable individuals run away with assistance, steal assistance, or only take the assistance part of the way. Participants in most FGDs directly requested more support to carry their monthly rations, LPG, and other distribution items home.
- **Long wait times, crowded distribution sites and delayed distribution** were raised as major challenges across demographic groups. Extended time waiting in the hot sun means people cannot complete other tasks such as collecting water or caring for their children. Women with infants said that to collect assistance, they must leave their children at home. For lactating women, long lines mean they cannot breastfeed their children when needed. Participants attributed long wait times and crowding at distribution sites to humanitarians calling too many blocks and/or camps to collect their assistance at the same time.
- **Challenges around who is registered as the primary collector for assistance and staff inflexibility about who can collect assistance for a household.** Some participants suggested humanitarians be more flexible about who can collect assistance, improve the behaviour of staff, and monitor conduct at distribution sites. Participants said if a household's primary collector is sick or completing another task and another family member tries to collect assistance on their behalf, there is little room for negotiation on the part of humanitarians and this sometimes results in households missing out on assistance.

### UNSAFE AND UNDIGNIFIED ACCESS

In Rohingya communities, it is undignified and shameful for women and girls, especially adolescent girls and unmarried women, to be seen in public or to interact with men outside their family. Women and girls continuously pointed out that queuing at crowded distribution points and non-gender-segregated lines and public facilities, such as toilets, water points, and health centres, combined with the lack of proper clothing, makes upholding their dignity and honour nearly impossible. Common coping mechanisms mentioned by women and girls to reduce

social prejudice included: relying on others to access services on their behalf; substantially reducing or not using essential facilities, services, or items; sharing clothing; accessing services and facilities together; only accessing facilities at specific times to avoid crowds; selling assistance; borrowing money from neighbours and family; and begging for money in their block.

Older people said accessing services is especially difficult as they struggle to line up for long periods of time to use facilities or access assistance. They also said they often need to use the toilet at night and that navigating uneven camp terrain without adequate lighting and assistive devices frequently results in injury.

For persons with disabilities and their carers, transportation to and from services without money to pay for support is difficult and can be dangerous. Some participants said they cannot leave the shelter without being carried because they lack assistive devices while others received a wheelchair but cannot use it because the camps are too crowded and pedestrian infrastructure is poor. This makes accessing health clinics difficult, especially when they need to visit multiple times before finding the appropriate treatment.

### **INCREASED SELF-RELIANCE**

Participants in 73% of male FGDs and 26% of female FGDs said that, if given the chance, many willing, qualified, and educated Rohingya without work could fill most positions in the camps. People also said the quality of aid would improve if more Rohingya volunteers could work and take on greater responsibility. This would also improve Rohingya inclusion in decision-making and self-reliance, and the ability of the response to consult and engage with Rohingya refugees. There was also recognition that making these changes would cut costs and the money saved could be redirected to the population. Women expressed desire for more income generating activities appropriate for them, such as those that can be carried out from home.

## **Ways forward: building trust**

Among the main findings were that the Rohingya want to have a relationship with humanitarians, they want humanitarians to work with them, and they want an open line of communication and mutual respect. Rohingya participants feel overwhelmingly frustrated and helpless as passive recipients of aid and many are losing faith in humanitarians and feel that discussing their issues is pointless. Among their many questions were: ***‘Do they actually want us to have better services and conditions?’*** ***‘Why are services being implemented in one location and not another?’*** and ***‘How do they know what we need without talking to us and including us?’***

There is a clear desire for open communication and a willingness to understand the limitations of the response if they are explained. Participants genuinely wanted to know how the aid system works and how to develop relationships with aid providers. Many Rohingya said it is hard for them to trust humanitarians when they are not involved in decision-making processes, do not see results after reporting issues, some responders behave poorly, or humanitarian assistance and services do not fully meet their needs and are provided in culturally inappropriate ways.

### **TOP RECOMMENDATIONS TO DEVELOP TRUST AND IMPROVE RELATIONSHIPS WITH THE ROHINGYA**

1. **Regular and consistent engagement and two-way consultations:** Rohingya communities are incredibly close-knit and value face-to-face interactions and relationships. Most participants asked that humanitarians spend more time getting to know them, speak respectfully, and show empathy. Participants also asked for involvement in the delivery of assistance and services through regular consultations involving two-way dialogue. These consultations should be facilitated by familiar faces who are responsible for the delivery of assistance in their area, providing people with direct contact to those responsible for programmes that directly impact them. For women and girls, it is essential that female humanitarians go to their block to conduct these regular two-way consultations.

- 2. Reliability and consistency from humanitarians:** Participants in 70% of male FGDs and 53% of female FGDs said following through on promises and helping fix issues would increase trust. Seeing change and witnessing improvements that result from a consultative process is important to them. Questions also arose around activities and projects that had been started but not completed, or organisations being present one day but not the next. This contributes to confusion, instability, and mistrust. Improving community feedback mechanisms so people are more aware of how the system works and what to expect is also important, as is people being able to receive information on the status of their complaint.
- 3. Increase understanding of humanitarian system:** Participants want to understand how programming works, the details of different programmes, who is operating where, and how organisations work together. Without a clear understanding of programme limitations, coordination, funding systems, restrictions on humanitarian programming, humanitarian standards, and their rights as recipients of aid, it is hard for the Rohingya to engage with providers and report problems. Rohingya refugees also explained that their understanding, trust, and satisfaction would be higher if humanitarians were more open and honest about the challenges they face and worked with the Rohingya to deliver services, regardless of the current limitations.
- 4. Decrease dependence on the humanitarian system:** The Rohingya feel their dependence on humanitarian assistance and responders is a critical problem that reduces their dignity and prevents self-reliance and community cohesion. To feel equal in their relationships with humanitarians, they want to be treated as such and to become more self-reliant. Many said this can happen through increasing their inclusion in decision-making and increasing education and employment opportunities.

## RESEARCH METHODOLOGY



### RESEARCH IDEA

Complement existing quantitative research with qualitative data giving voice to the preferences, suggestions & feedback of the Rohingya refugees about the response.

### 1 RESEARCH DESIGN

- Collaboration between IOM CWC & ACAPS
- Purposive sample
- Focus group discussions inclusive of -
  - \* Age
  - \* Gender
  - \* Disability
  - \* HH Composition
  - \* Location
- Key Informant Interviews

### 2 QUESTIONNAIRE DEVELOPMENT & TRAINING

- \* Open ended, semi-structured, interviews.
- \* Piloted with Rohingya Researchers.
- \* Multi-sector, multi-stakeholder review process.
- \* Experts on research with persons with disabilities & children engaged.

### 3 DATA COLLECTION

- Rohingya Research Team
  - \* 6 Female researchers
  - \* 11 Male researchers
  - \* 1 Female & 2 male Bangladeshi CWC researchers
- 17<sup>th</sup> August - 23<sup>rd</sup> October 2020



### 4 TRANSLATION

All discussions :

- Recorded
- Transcribed (Rohingya Research Team)
- Verified (IOM CWC Team)
- Independent check



FGDs			KII
FEMALE	MALE	HIJRA	
67	126	1	18

### 5 DATA ANALYSIS

- Analysis framework designed around research questions
- DEDUCTIVE & INDUCTIVE methods
  - Coding planned before data is collected.
  - Tags created during data coding process.
- Analysis led by ACAPS.

### 6 DATA VALIDATION, REVIEW & FINDINGS PREPARING the REPORT

- Findings shared with -
- \* Rohingya Research Team
  - \* Review committee of humanitarians working in the Rohingya refugee response



### 7 DISSEMINATION

- The entire report is made available online.
- Presentations to humanitarian community.
- Shared with Rohingya community in an effort to close the feedback loop.
- Audio report of research process.

### THE GOAL

Where possible, the response adjusts in line with Rohingya expressions, concerns, and recommendations, and through this wellbeing in the camps improves.



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