

# Añárar Báfana

## *Our Thoughts*

Rohingya share  
their experiences and  
recommendations



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**A REPORT BY**

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**WITH SUPPORT FROM**

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# Introduction

For months, if not years, many Rohingya in the camps have continuously reported that they are unable to provide meaningful input into decision-making within the response and have their thoughts heard. In late 2020, the IOM Communicating with Communities (CwC) and ACAPS-NPM teams decided to undertake a large-scale exploration of Rohingya thoughts and perspectives. Three years after the influx, this report is a critical exploration of accountability and inclusiveness in the humanitarian response. The research sought to go beyond ‘whether Rohingya people are consulted’ to understand Rohingya thoughts on the response and how they feel treated by response actors.

Intrinsic in this report is the understanding that the Rohingya community and the response itself are diverse and complicated, with many different dynamics that require age, ability, gender, and other aspects to be considered. Taking these different groups into account, four overarching questions guided the research design process:

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1. What types of assistance and services do Rohingya women, girls, men, boys, hijra,<sup>1</sup> and people with disabilities value and why? What are the main problems they would like addressed in 2021 with respect to aid provision and access to aid?
  2. What relationships do Rohingya women, girls, men, boys, hijra, and people with disabilities have with different actors within the response? How are these characterised, valued, and understood? How can these relationships be strengthened with respect to dignity, accountability, and trust?
  3. How are Rohingya women, girls, men, boys, hijra, and people with disabilities included in decision-making related to the response? How do they feel about how they are – or are not – consulted or included in decisions? In what ways would they like to take on greater responsibility within the response?
  4. Do people understand existing complaint mechanisms and do they feel these systems work adequately to address their specific problems?
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As part of this study, over 1,200 Rohingya participated in more than 200 focus group discussions (FGDs) and key informant interviews (KIIs) in the last quarter of 2020. As much as possible, this report attempts to organise the thoughts of the participants in accordance with the respective humanitarian sector to make it easier for humanitarian stakeholders to absorb and incorporate these findings. This report contains only a summary of the most relevant findings and trends, however. A more robust sector analysis and a deeper dive into the specific demographic groups can and should be conducted wherever relevant for various sectors and response stakeholders, and data collected in this study can be made available for this. Outside of sector-specific findings, this report also highlights cross-cutting trends related to the ways in which humanitarians engage, relate, and include the Rohingya in decision-making and response planning.

Although COVID-19 and the accompanying risk mitigation and containment measures further complicated the situation and, in many cases, worsened pre-existing issues, it is important to note that many of the findings are not new. The desire for increased self-reliance, greater inclusion and involvement in decision-making and delivery of assistance, and improved quality of experience when using services and collecting assistance raised during the FGDs and KIIs were reported by assessment and analysis actors as early as late 2017 and early 2018. The continued need to communicate this to responders indicates that these overarching issues and desires remain unaddressed. What this study does differently, however, is to focus on unpacking in-depth issues, problems, and solutions and, as much as possible, try to help bridge the gap between responders and Rohingya refugees.

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<sup>1</sup> There is no real English equivalent for hijra. In South Asia, hijra refers to people whose birth sex is male but who may identify as male, female, or neither male nor female. Hijras play a unique cultural role across the subcontinent and may include what would be classified in the West as intersex people, transgender people, and eunuchs. The term generally refers to people born male who dress or present as women.

# Key findings

## ACCOUNTABILITY AND COMMUNITY ENGAGEMENT

### GRATITUDE FOR BASIC SERVICES

Most participants (45% of male FGDs and 81% of female FGDs) expressed an overwhelming sense of gratitude regarding all assistance and support received from humanitarians, the Government of Bangladesh, and the host community. They acknowledged that they do not pay for any assistance received and that without assistance they would not be alive today. Food was the most appreciated form of assistance. Men were also most appreciative of latrines, bathing facilities, water, and liquefied petroleum gas (LPG), while women were appreciative of specific non-food items (NFIs), such as clothing, kitchen items, menstrual hygiene management (MHM) items, hygiene kits, and hygiene promotion sessions.

### RELATIONSHIPS 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 simply because they have less contact with foreigners. Reports of misconduct, unfair treatment, corruption, and volunteers and staff not doing their job properly were discussed.

Participants were more likely to report negative experiences (61% of male FGDs and 53% of female FGDs) with non-Rohingya humanitarian staff as opposed to with Rohingya volunteers (36% of male FGDs and 30% of female FGDs). Whether or not volunteers or staff had taken the time to introduce themselves and conducted culturally appropriate greetings was the most common example of how positive or negative engagement looks. Language barriers between the Rohingya and both Bangladeshis and international staff were often mentioned as one of the reasons for feeling disrespected or misunderstood and were directly linked to a reluctance to engage with and trust responders.

The work of both humanitarian staff and Rohingya volunteers was more appreciated when conducted at the shelter and block level. People were more comfortable sharing opinions and engaging with humanitarians when personal relationships had been developed in a quiet and safe space within sub-blocks. This is in direct contrast to many humanitarian activities which currently take place in offices or community spaces within the camps.

### INCLUSION IN DECISION-MAKING

Participants in 72% of female FGDs and 67% of male FGDs reported that they did not feel engaged in consultations and decision-making processes. Some participants said only Mahjis<sup>2</sup> or volunteers currently working for NGOs are consulted, while others said that they were sometimes consulted but their opinions were not taken into consideration. People may have felt this way because they did not receive any follow-up about the impact of the consultations they participated in. Participants also pointed out that literate people, people with specific roles (imams), and older men were consulted while illiterate people, younger people, and women and girls were 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. Many Rohingya expressed appreciation for the methodology used in this consultation process, which used open-ended questions and was conducted by Rohingya researchers in a safe space. Many said they felt such an activity had not been done before.

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<sup>2</sup> Mahjis are appointed Rohingya leaders who support the Camp in Charge offices and the police to maintain order in the camps and act as focal points for camp management activities. There are no fixed rules for selecting Mahjis and they are not compensated for their work.

## FEEDBACK AND COMPLAINT MECHANISMS

When asked where people go to report a problem related to humanitarian aid, participants in most male FGDs said they file their complaints to the Camp in Charge (CiC), Mahjis, and Site Management offices. Often, the Mahji was listed as the first point of contact because of their perceived connection to CiCs and because CiCs and some relief agencies also require the Mahji's engagement to resolve issues. Most participants did not know of other avenues for filing complaints if the issues reported to the CiC, Mahji, or Site Management office were not resolved. For most participants, the existing feedback mechanisms were reported to be unreliable or unclear. Most participants in female FGDs said they did not know where they could report complaints or provide feedback. It seemed that women and girls were less accustomed to raising issues and complaints or providing feedback as they struggled to even discuss their experiences with complaint and feedback mechanisms and often misunderstood the questions.

Participants in approximately half of all FGDs (both female and male) 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 mentioned that they had complained about specific issues so many times without a response that they no longer complained. In 23 FGDs (roughly 10% of interviews), mostly with men aged between 41–55, participants also mentioned the need to offer bribes in order for complaints to be processed and resolved. In 30% of discussions with men (out of a total of 107 discussions in which negative experiences with providing complaints and feedback were raised), people 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, regardless of demographic group:

- **Being unable to carry the assistance home because of its weight** was by far the biggest challenge reported by all participants (80% of male FGDs and 79% of female FGDs). In both male and female FGDs, participants detailed having to sell some of their rations or go into debt to pay for porter service or a vehicle to transport the 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 59% of male FGDs and 67% of female 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 spent waiting in the hot sun means people are unable to complete other tasks such as collecting water or caring for their children. Women with infants explained that to collect assistance, they must leave their children at home. For single female-headed households with no one to look after their children, this is very problematic. For lactating women, long lines mean they cannot breastfeed their children when needed. Participants attributed the long wait times and crowding at the distribution sites to humanitarians calling too many blocks and/or camps (too many households) to collect their assistance at once.
- **Challenges around who is registered as the primary collector for assistance and staff inflexibility about who can collect assistance for a household.** Participants in 27% of male FGDs and 20% of female FGDs suggested humanitarian agencies be more flexible about who can collect distribution items, improve the behaviour of staff, and monitor conduct at distribution sites. Participants noted that 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 of 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 a lack of proper clothing make 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. As a result, participants in both male and female FGDs requested:

- properly segregated facilities and distribution sites using partitions and different entry points
- income-generating activities (IGAs) for women that can be done in their homes
- distribution sites closer to home or home delivery
- increase in the amount of appropriate clothes distributed.

**Older people** explained that accessing services is especially difficult for them 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 camp terrain without adequate lighting and assistive devices frequently resulted in injury.

For **people 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 mentioned receiving a wheelchair but not using it because the camps are too crowded and pedestrian infrastructure is poor. This means accessing health clinics is difficult, especially when they need to visit multiple times before finding the appropriate treatment.

In consultations with older people and KIIs with people with disabilities and their carers, participants suggested essential changes to ensure their access to services and assistance is safer and more dignified:

- Increased distribution of assistive devices and NFIs such as lighting, chairs, and clothing that support safe and dignified access.
- Construct essential facilities such as toilets inside or near shelters.
- Provide access to income to pay for transportation and other additional needs, such as medical care.

## INCREASED SELF-RELIANCE

Participants in 73% of male FGDs and 26% of female FGDs said that there are many willing, qualified, and educated Rohingya without work who, if given the chance, could fill most positions in the camps related to the provision of assistance. People also said the quality of aid would improve if more Rohingya volunteers could work and take on greater responsibility within the humanitarian response. This would also improve Rohingya inclusion in decision-making, 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 for organisations and that money could be redirected to the population. Women expressed a desire for more IGAs appropriate for them, such as those that can be carried out from home.

## SECTOR-SPECIFIC FINDINGS

Despite being very grateful for the assistance, participants gave detailed accounts about how current levels of assistance and the services available do not fully meet their basic needs or allow them to maintain their dignity. Alongside the above discussions, participants offered a range of suggestions relating to different sectors.

Because participants were asked open-ended questions, the amount of feedback for each sector varies, however.

**Please see Section 3 on page 42 for sector-specific findings.**

# Methodology

Between 17 August–24 October 2020, a team of 17 (six female and 11 male) Rohingya field researchers<sup>3</sup> trained in qualitative research conducted a total of **212 consultations<sup>4</sup> (194 FGDs and 18 KIIs) across 27 camps<sup>5</sup>**, with support from three Bangladeshi IOM CwC staff (one woman and two men). All consultations were open-ended semi-structured discussions, allowing participants to openly express their thoughts and raise what they felt was important to share with the facilitators. As such, discussion content varied based on the issues discussed by the participants. Some subjects were raised more frequently than others and there is therefore more data on those topics.

A qualitative approach was used to provide greater insight into the lived experiences of the Rohingya refugees and to explore contributing factors behind needs, behaviour, and perceptions. The emphasis on ‘how’ and ‘why’ in this study is designed to complement predominantly quantitative response-wide data collection exercises, such as the annual Joint Multi-Sector Needs Assessment (J-MSNA). An open-ended approach focused on active and unconditional listening is also one which many Rohingya refugees have explained is their preferred way of engaging with response actors.

## SELECTION OF PARTICIPANTS

In total, 1,248 Rohingya refugees of different ages and genders and across different locations participated in this study. Given the large sample size and the consistency of responses in a significant proportion of consultations in this study, the problems, feedback, and solutions raised can be considered relevant to a significant proportion of the Rohingya population. To achieve this, a sampling strategy was followed to mitigate selection bias, and a range of demographic groups were included in the consultations, including male and female groups, age ranges, and committees. Demographic groups and age ranges were based on generalised categories selected by the Rohingya researchers, based on their understanding and value of their communities’ social hierarchies (see table 1). However, because of the different number of male and female FGDs conducted, all results presented in this report are disaggregated by gender. Care should be taken when extrapolating the results of this study to the whole Rohingya population, taking into account a range of influencing factors including gender, age, and camp (see limitations on page 11).

### Demographic breakdown of FGDs

Demographic groups of FGDs	Number of FGDs				Age categories identified by corresponding Rohingyaresearchers
	Female	Male	Hijra	Total	
13–17	10	19	0	29	Gura fuain: ‘children’
18–24	7	18	1	26	Fata hoicca: ‘leafy shoots’
25–40	26	20	0	46	Hoicca: ‘adults’
41–55	11	18	0	29	Adboícca: ‘half-old’
56+	10	23	0	33	Boícca: ‘Old’
Shomaz <sup>6</sup> & women’s committees	1	20	0	21	
People with disabilities & carers	2	8	0	10	
Grand Total	67	126	1	194	

<sup>3</sup> The Rohingya researchers are skilled volunteers on the IOM’s CwC team.

<sup>4</sup> For this study, the term ‘consultations’ is used for both FGDs and KIIs.

<sup>5</sup> Camps where FGDs were conducted with men and boys were: 1E, 1W, 2E, 2W, 3, 4, 4Ext, 5, 6, 7, 8E, 8W, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 20Ext, 24, and 25. Camps where FGDs were conducted with women and girls were: 1E, 1W, 3, 4, 5, 8w, 9, 10, 11, 12, 17, 18, 20Ext, 24, and 25.

<sup>6</sup> Shomaz committees, or community committees, are local committees found in each sub-block within the camp. These groups are self-formed and oversee various social functions within the sub-block. For more information on Rohingya community structures, see: IOM, ‘Clan, Community, Nation: Belonging among Rohingya living in makeshift camps’, January 2020.

As well as the FGDs conducted with people with disabilities and their carers, specific KIIs with women with disabilities were conducted. A total of eight KIIs were conducted with people with disabilities or with carers of a person with disabilities (six KIIs with women with disabilities and two KIIs with mothers of daughters with disabilities), and ten KIIs were conducted with single female-headed households. Results from the KIIs were analysed separately and findings specific to them are highlighted throughout the narrative. As there was only one FGD conducted with ten hijra participants, the results from this discussion are also analysed separately.

To mitigate selection bias and to ensure the maximum number of sub-blocks were covered, where possible the demographic groups and locations of the consultations were also selected using a random number generator. The camp location and the individual sub-block<sup>7</sup> were randomly assigned to one consultation, regardless of demographic group, with the goal of limiting the number of consultations in each sub-block to only one. Of 212 consultations, only 26 sub-blocks had more than one consultation because of challenges outlined in the limitations on page 11. Consultations with women and girls were held in appropriate community facilities and other locations away from other members of the community.

Given the aim and design of the study, the findings are indicative when interpreted according to various demographic differences. Camp-based analysis was avoided in favour of comprehensively capturing different perspectives across demographic groups.

### QUESTIONNAIRE DEVELOPMENT AND TRAINING

The project's development was led by Rohingya community-based researchers from IOM's CwC team. These researchers had conducted research throughout 2020, had received over 100 hours of training on qualitative data collection methods, and received additional training prior to starting this project. Training was provided on how to conduct interviews in line with COVID-19 risk mitigation measures, child protection, prevention of sexual exploitation and abuse, consent, and data protection protocols. Informed consent was gained for every consultation and during the analysis phase, all data was anonymised and identifiable data – such as location, names of participants, and names of organisations – was removed.

Guided by the research questions, open-ended semi-structured interviews were designed, developed, and piloted. This ensured that both the questionnaires and the different interview techniques employed for different demographic groups were appropriate and effective. The research design and basic lines of inquiry were reviewed by various humanitarian organisations and the major coordination bodies (all sectors, the Inter-Sector Coordination Group, and the heads of sub-offices) to ensure the overall approach was appropriate for humanitarian decision makers and in line with the Joint Response Plan process. The Multi-Sector Needs Assessment Technical Working Group (MSNA TWiG) was also consulted to avoid duplication and ensure complementarity with other response-wide assessments.

Questionnaires and interview techniques for people with disabilities and children under 12 were developed in close consultation with specialist humanitarian agencies from the Child Protection Sub-Sector and the Age and Disability Working Group (ADWG), and accompanied by specialised training to ensure the interviews were conducted according to best practice and the 'do no harm' approach. All consultations were conducted in Rohingya,<sup>8</sup> with an emphasis on creating a safe space where respondents felt they could express themselves honestly and openly and with limited external involvement. The questionnaire did not ask about any specific type of assistance or service, allowing participants to guide the conversation and share their experiences. As discussions were directed by the participants and not the facilitators, different aspects of people's lives – as classified by the humanitarian response in 'sectors' – were not always discussed to the same extent or with the same amount of detail. The facilitators did give prompts and ask follow-up questions however, to ensure participants considered the wide range of services they may use in the camps.

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<sup>7</sup> For this study, the administrative boundary of a sub-block is considered to be the 'community level'.

<sup>8</sup> Rohingya is also the name for the language of the Rohingya people.

## DATA COLLECTION

The first round of FGDs was conducted between 17 August–10 September in Kutupalong-Balukhali Extension (KBE) with female and male respondents from all non-specialised age categories (see Table 1). The second round of FGDs and KIIs was conducted between 11 September–23 October. This included all consultations in Teknaf<sup>9</sup> and specialised consultations in KBE (with people with disabilities, children between 7–12 years old, Shomaz committees, and a women-led committee).

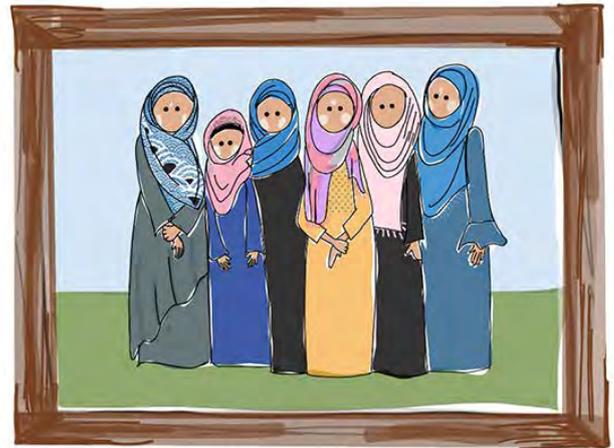
All discussions were recorded, transcribed, and verified for accuracy. The interviews were translated from Rohingya to English by members of the Rohingya research team and verified and edited by a team of five translators from the IOM CwC team. All translations were then checked by IOM CwC staff who were uninvolved in the research or by a third-party company. Each interview is supported by a full transcript and supporting audio.

The data collection process included consistent and continuous data quality checks throughout, and consultations that did not meet these standards were removed and, where possible, reconducted.

## DATA ANALYSIS PROCESS AND OUTPUTS

ACAPS led on the data analysis, using NVivo10 to help code and classify information. An analysis framework was designed around the research questions and codes were developed for sector groups, positive and negative experiences, access issues, and demographic groups.<sup>11</sup> The information was then coded using both deductive and inductive methods.

- Deductive method: A hierarchical coding frame was developed in NVivo based on the analysis framework designed before the data was received. This was used for the analysis of overarching themes and the cataloguing of quotes. This method helps organise the data in such a way that it can be revisited and additional analysis on specific topics can be conducted in the future.
- Inductive method: Tags were created based on the data itself during the coding. Analysts used a shared online Excel spreadsheet and as themes arose in the data, tags were created and assigned a unique number. For each transcript, the relevant codes were entered into the connected matrix. This allowed for a more nuanced understanding of the data and the quantification of key themes to understand the scale of some topics.



*Female Rohingya Research Team*



*Male Rohingya Research Team*

<sup>9</sup> Teknaf consultations were conducted by IOM's CwC Bangladeshi staff because of movement restrictions (see limitations).

<sup>10</sup> NVivo is a qualitative data analysis software package that helps qualitative researchers organise, analyse, and find insights in unstructured or qualitative data, especially when analysis of a large volume of data is required.

<sup>11</sup> The analytical matrix generated through the inductive analysis method is available upon request along with redacted transcripts for data transparency. This can be accessed by contacting IOM's CwC unit.

All results in the report are provided at the focus group level rather than on an individual level. The percentages presented in the report are applied only to FGDs and are derived from inductive coding methods. They were calculated by adding up the number of times a specific issue, perception, behaviour, or solution appeared in the FGDs and dividing by the total number of FGDs. For example, if a sentence in the report states that 76% of female FGDs raised the need for more clothes, it means that this need was raised in 76% of female FGDs, not that 76% of individual participants in all female FGDs stated that this is a need. Therefore, the percentages presented in graphs do not add up to 100% and their use is to give a sense of the scale of issues, perceptions, solutions, and commonly displayed behaviours. As the sample size for each demographic group is different, the quantification of key findings was generated at a minimum for male and female FGDs and where relevant by age.

Although consultations occurred across all camps, camp-based analysis was not conducted because the study does not seek to compare between camps. Where appropriate however, location-specific findings have been identified and clearly noted as indicative to the specified location. During the data analysis, camp numbers and other identifiable data were redacted from the transcripts.

All quotes are a direct translation of what was said by the various participants, based on the audio recordings. Consent was provided to use anonymised data publicly. The citations of the quotes are anonymised, citing only the demographic details of the consultation, the type of consultation (FGD or KII), and a unique transcript number from which the quote was taken.

#### **DATA VALIDATION, REVIEW PROCESS, AND DISSEMINATION**

Initial findings were communicated back to the Rohingya researchers and IOM's CwC team as part of the validation process. The validated findings were then submitted to a general review committee that consisted of UNHCR, IOM, ODI, and the INGO Forum. The final report and supporting outputs were presented to the wider Rohingya response through the UN sector coordination mechanism.

A summary of the final report will be translated and communicated back to the Rohingya researchers, who will communicate the findings to the respondents and the wider Rohingya population across all camps.

#### **LIMITATIONS AND CHALLENGES**

Reaching all the demographic groups identified for this study across all 34 camps was challenging and not fully achieved. The COVID-19 containment measures and the increasingly volatile security situation in camps resulted in delays in data collection and restricted movement between camps. The Rohingya researchers are all from camps within KBE and could not conduct interviews in Teknaf because of movement restrictions. As a result there were fewer consultations in Teknaf; the consultations that did take place were conducted by Bangladeshi researchers from IOM's CwC team with extensive qualitative research training and who are highly proficient in Rohingya. This meant the original sampling frame, which sought to conduct an even number of FGDs according to location, gender, and age, was not possible and the approach to data analysis had to be adapted accordingly.

Female researchers reported challenges interviewing women and girls, especially single female heads of households (widows, unmarried women), because of safety reasons. Women were more apprehensive about being recorded and some declined to participate or chose not to reply to certain questions because of the use of audio recording devices. As a result, a smaller number of FGDs were conducted with women and girls than those conducted with men and boys. Some issues, such as protection issues, were also not as frequently discussed in female consultations.

Focused exploration of experiences of children under 12 was planned and conducted after receiving informed verbal consent from both parents and children. The data from these consultations was not included in the report however, because the researchers found that the responses were heavily influenced by the adults who facilitated the sessions. Future consultations with children should occur outside facilities for children in the camps and

without the presence of operational actors, because of potential biases created by engaging children with these adults present. When children were engaged by the researchers without the presence of operational actors, the consultation tool elicited good responses. Given the time constraints however, child-focused consultations were not reconducted and could not be included in this research.

The Washington Group Questions were not incorporated across all interviews and the participation of people with disabilities across different demographic groups could not be accurately captured. More training for the entire research team and the adaptation of the data collection process are needed as most consultations with people that self-identified as having a disability were conducted individually and with family or carers present or involved, and type of disability was not captured consistently.

## 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.

### 4 TRANSLATION

All discussions :

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



### 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



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

What do you think they are saying about us?



### 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.



# Community Engagement and Accountability



## 1.1 GRATITUDE FOR BASIC SERVICES

To get a better understanding of what humanitarian assistance, delivery processes, and services Rohingya refugees value and are happy receiving, variations of these questions were asked in all consultations: ‘What types of assistance are most helpful to you in solving a problem according to your needs?’ and ‘Do you like how this assistance is provided?’

Many participants interpreted these questions as what services are most essential to their survival and which they are most grateful to receive as opposed to which delivery mechanisms they like most. Despite additional prompting from the researchers, the Rohingya refugees struggled to identify which aspects of humanitarian assistance have been most helpful or are most valuable to them. Most simply stated that they would not be able to live without humanitarian support and they like all the services and assistance provided.

Most participants across all demographic groups, regardless of the severity of issues they raised in FGDs, expressed an overwhelming amount of gratitude regarding the assistance and support received from the humanitarian response, the Bangladeshi government, and the host community. Many recounted their journey from Myanmar and said they did not expect to receive any help at all when they arrived. Participants in 45% of male FGDs and 81% of female FGDs noted continuously throughout the consultations that they are thankful for anything they receive, acknowledged that they are not paying for anything, and said that without assistance they would not be alive today.

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‘We must appreciate the assistance we are given because we are helpless people who have taken shelter here. If the Government or the NGO had not supported us then our life would be like the life of beasts, instead of a humanly life... the government or the NGOs, whoever they are, we like their assistance to us.’ (Shomaz committee, FGD, AH20)

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‘We are very thankful to Bangladesh and foreign countries, they saved us when our destiny brought us here. We pray for them. If we did not run away, they would have cut us to pieces. They did that right before our eyes! We just ran away! We are very thankful that we at least got a place here! We are very thankful that we got food to eat.’ (Women aged 56+ FGD, AL02)

Uneven power dynamics could also explain why many of the Rohingya refugees struggled to provide negative feedback, suggest changes, or request more assistance. Throughout the consultations, respondents continuously felt the need to precede any negative statement with an expression of gratitude, despite being asked to openly discuss problems and suggest improvements. Female participants were much more likely to express high levels of gratefulness and to qualify any critical feedback, despite struggling daily to meet their basic needs.



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‘We like it so much. Even if they provide us with hay, we will like it because they are giving that for free and we don’t need to buy it.’ (Women aged 41–55, FGD, NL08)

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‘Yes, we like how they provide assistance. I think it’s provided in a good way. For example, we need soap and if they didn’t provide [it to] us, where would we get it? It can’t be finished with just thanks.’ (Women aged 41–55, FGD, NL09)

When prompted to discuss what is provided well and what is most helpful, participants in most consultations mentioned general in-kind food distributions and specific food items (such as rice and oil), distributions of NFIs and LPG, and WASH assistance such as water and latrines, MHM kits, soap, and hygiene promotion.

'When we came to Bangladesh, we had to leave everything because of the military crackdown. We didn't have anything to eat. Since our arrival here, we have been receiving rice, LPG, and others. These really fulfil our needs.' (Boys aged 13–17, FGD, AH08)

'[A humanitarian organisation] provides us with gas, which is very helpful for us. If they did not provide gas, we might have many more fires in the camp. Now, we no longer need to go to the hills to collect firewood. In the past, we used firewood to cook and there was a risk that the shelter would catch fire and the whole camp would burn. In the past, we used to go to the hills to collect firewood and some people were kidnapped and murdered in the hills. But now, we don't have such fears and problems because we have gas.' (Men aged 18–24, FGD, AH03)

Most helpful assistance	
<p><b>Female FGDs main answers:</b></p> <ol style="list-style-type: none"> <li>1. Specific foods (mainly rice, oil, salt, etc.).</li> <li>2. Generally grateful for all assistance and services.</li> <li>3. Specific NFIs (such as clothes, kitchen items).</li> <li>4. MHM kits and hygiene kits.</li> <li>5. Hygiene promotion sessions and soap.</li> </ol>	<p><b>Male FGDs main answers:</b></p> <ol style="list-style-type: none"> <li>1. Specific foods (mainly rice, oil, salt, etc.).</li> <li>2. Generally grateful for all assistance and services.</li> <li>3. LPG.</li> <li>4. Latrines and bathing facilities.</li> <li>5. Access to water.</li> </ol>

Only a small minority of participants spoke about how assistance and services are delivered, giving examples of good practice such as being allowed to choose the items their families need. Some participants also noted that they appreciate the idea behind the distribution system, with clear rules and lines.

'When it is time for the distribution of rations, humanitarian workers give us relief cards and say, 'go to the distribution centre and collect your rations'. Then we go to the distribution centre. After COVID-19, they set a queuing system where we were required to maintain around 3 feet social distancing and we stood in line and took rations accordingly. We get our rations easily through that process.' (Shomaz committee, FGD, AH13)

Expressing gratitude is a part of Rohingya culture and should not be used as a measure of the effectiveness of service and relief provision. People likely reiterated their gratitude that 'something is being provided' to ensure that their concerns and requests do not lead to a reduction in assistance, which is a commonly held belief that prevents many Rohingya from providing critical feedback about services within the camps. This is clear in the transcripts, where expressions of gratitude often coincide with strong statements and criticism about how or what type of aid is provided. Most participants were very clear that while food, WASH, and LPG assistance are most helpful and they are very grateful, this does not mean there are no problems with these services and that they are meeting all their needs.

'As we are women, we sometimes get clothes, soap, underwear, and dettol [antiseptic]. They [humanitarians] explain how to use these things during our menses. They were very helpful to us indeed. But we ran out of these hygiene kits. Now, we are in need of them. Also, because we have many washing-related activities in the house, the soap is not enough for us.' (Women aged 25–40, FGD, ALO4)

'The food and other items provided by NGOs are good and they are provided in a good way. They took some measures for Coronavirus; they provide medicine for the disease which is also good. It is good, but it does not fulfil our needs. We are not getting the amount we should get to live peacefully.' (Men aged 56+, FGD, NO02)

'Yes, we think that all assistance is helpful in meeting our needs, but it is insufficient. It's true it is useful, but it does not fill our stomach, it's insufficient. And we have to sell something to buy other items, that causes a shortage in items.' (Women aged 56+, FGD, SN10)

## 1.2 RELATIONSHIPS BETWEEN THE ROHINGYA AND DIFFERENT ACTORS WITHIN THE RESPONSE

To understand the current nature of the different relationships Rohingya refugees have with those providing them with assistance, it was important to explore what made the participants perceive an interaction as positive or negative and whether there are underlying trends that can assist the humanitarian response to better interact with those that they seek to support.

Participants commonly stated that generalising and discussing an entire group (those providing them with assistance) could be misleading as not everyone is the same. When recalling experiences with Rohingya volunteers and non-Rohingya humanitarian staff,<sup>12</sup> they provided specific examples to justify their statements.

Participants report positive and negative interactions with Rohingya volunteers and humanitarian staff				
	Experienced respectful and positive behaviour		Experienced disrespectful and negative behaviour	
Respondents	Male FGDs (n=123)	Female FGDs (n=64)	Male FGDs (n=123)	Female FGDs (n=64)
Rohingya volunteers	92%	98%	36%	30%
Humanitarian staff	80%	84%	61%	53%

### WORK BEHAVIOUR

Whether volunteers or staff took the time to introduce themselves and greet people in a culturally appropriate manner before addressing the task at hand was the most commonly given example of what positive or negative engagement looks like and what makes the Rohingya feel respected or disrespected. Introducing oneself and the purpose of one's visit, and asking how someone is, whether they need assistance or have any problems, or whether they have eaten that day were all examples of appropriate and respectful engagement. Other positive examples included communication and listening, treating people fairly and respectfully, implementing good programmes, solving issues, and following up on reported problems.

It was noted that humanitarian responders often used familiar forms and tenses<sup>13</sup> in Bangla or Rohingya. Sometimes, the Rohingya felt these familiar exchanges were inappropriate or disrespectful, such as when addressing elders. Participants were more likely to report positive experiences with Rohingya volunteers than with Bangladeshi or international humanitarian staff because Rohingya volunteers have a stronger understanding of culturally appropriate greetings and linguistic norms.<sup>14</sup> Similar findings about the importance of greetings in Rohingya culture and the link to respect and dignity were reported in 2018.<sup>15</sup>

Participants reported rarely interacting with international staff. When the Rohingya referred to humanitarian staff, most were referring to Bangladeshi staff. The presence of internationals in the camps was said to be infrequent, as was their engagement or consultation with the Rohingya. Language was reported as a major barrier and issue.

<sup>12</sup> In this report, humanitarian staff refers to both Bangladeshi and international staff working on the Rohingya response in Cox's Bazar.

<sup>13</sup> For example, using *tui* or *tumi* instead of *onera* is considered more respectful when speaking to strangers and elders.

<sup>14</sup> It is important to note possibly biased responses in favour of Rohingya volunteers, because the researchers conducting the FGDs were Rohingya volunteers. Other research has found similar results however, with the Rohingya expressing more positive experiences with Rohingya volunteers. The facilitation of FGDs by Rohingya volunteers in this study also did not prevent participants from detailing negative experiences of and poor behaviour from other Rohingya volunteers.

<sup>15</sup> Holloway and Fan, 'Dignity and the displaced Rohingya in Bangladesh: 'Ijjot is a huge thing in this world'', Humanitarian Policy Group, August 2018, pages 17–18.

Positive experiences reported by FGDs

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**About Rohingya volunteers**

'Rohingya volunteers treat us very well. If they meet us on the way, they ask us how we are doing and where we are going. They speak to us using respectful language. But the Bangladeshi volunteers treat us roughly and scold us.' (Men aged 13–17, FGD, AH04)

'At first, they [Rohingya volunteers] give us Salaam and introduce themselves. Then, they ask about our problems and needs in a polite way. For example, when they come to us, after greeting with Salaam, they call us afa (sister) and ask how we are, what we are doing, and so on.' (Women aged 25–40, FGD, AL10)

'We feel respected because of how they [Rohingya volunteers] speak and behave. For example, when we tell them we have problems to get treatment and medicine, what can we do? They console us and explain that 'we came here from Burma by floating, and this is not our land. Let's get whatever they give, and we will also tell the NGOs to provide more. Let's see...' They ask about our problems. Also, we tell them about our problems... They tell us to stay clean.' (Men, Shomaz committee, FGD, AH15)

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**About humanitarian staff (either Bangladeshi or international)**

'The Bangladeshi humanitarian workers also speak in a respectful way. They tell us to stay and behave peacefully. They console us by saying, 'if you face any problem let us know. We will fulfil your needs, by writing to higher authority, we will try to fix your problem.' They also tell us to stay clean.' (Men, Shomaz committee, FGD, AH19)'

Yes, we feel respected by how they speak and behave. They don't come here every day. They come here rarely, one or two times in a year, so we don't see them every day. However, they treat us respectfully. For example, they call us afa [sister] when greeting and ask us about our health and our needs, such as tube well, latrine, bathroom and so on.' (Women aged 25–40, FGD, AL04)

"They [Bangladeshi staff] speak or behave respectfully towards us. For example, they ask us 'Bhaiya, how are you? Where are you coming from? Have you had breakfast or lunch? Foreigners are also the same.'" (Men aged 13–17, FGD, BL01)

Reports of misconduct, unfair treatment, corruption, and of volunteers and staff not doing their jobs properly were also discussed by participants. People were more likely to report negative behaviour (61% of male FGDs and 53% of female FGDs) by humanitarian staff than by Rohingya volunteers (36% of male FGDs and 30% of female FGDs). Some Rohingya volunteers and humanitarian staff were accused of abusing their power, mistreating others, and behaving disrespectfully. Discriminatory behaviour, shouting, and not proactively trying to solve problems or do their job well were the most commonly described issues when referring to poor behaviour by humanitarian staff.

There were also examples of corruption among both Rohingya volunteers and humanitarian staff raised in 21% of male FGDs and 2% of female FGDs. Examples of corruption among Rohingya volunteers predominantly centred on them using their position to support their families and friends. For Bangladeshi humanitarian staff, reports included forcing refugees to pay bribes to resolve their problems. The large discrepancy between genders reporting this issue may be because men and boys are more likely than women and girls to report problems and provide feedback, and are therefore more likely to be asked to pay to resolve the issue.

## Negative experiences reported by FGDs

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### About Rohingya volunteers

‘They don’t treat us as their equals because they are senior to us and are NGO volunteers. They show us their power and they are very proud. They make us feel inferior to them and they walk and talk differently because they are proud they have work.’ (Boys aged 13–17, FGD, AH01)

‘Some staff and volunteers delay when they resolve problems of destroyed shelters. Instead of reporting about the shabby shelters, Rohingya volunteers trick the Bangladeshi staff to take reports of their relatives whose shelters are perfectly fine. For example, if someone’s daughter-in-law is a volunteer in [a humanitarian organisation], that family receives shelter materials 20 times, but a person with no one doesn’t receive materials even once and his voice is not heard. This discriminatory behaviour should be stopped in all the camps – shelter materials should be distributed once a year at the same time.’ (Shomaz committee, FGD, NO17)

‘When we go to get assistance regarding rations or other things, they don’t guide us accurately. If we go to them, they ask us to go somewhere else. We have to face this problem and sometimes they don’t behave with us respectfully. Sometimes they don’t allow us to enter the distribution centres, but we abide at that moment according to situation. If it is overcrowded, they behave grumpily, but we endure it anyway.’ (Men aged 56+, FGD, SH04)

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### About humanitarian staff (either Bangladeshi or international)

‘They call us Burmaya [people from Burma]. They say that we are dirty people, like animals. They say that it is good that Buddhists raped us in Myanmar. They make jokes about [rocket] launchers. They say that it is good that we were shot with launchers in Myanmar. We say that [rocket] launchers were used to burn our houses in Myanmar. Bangladeshis do not understand what [rockets] launchers actually are. I do not know what they think of [rocket] launchers. When we go to clinics, they make jokes in a dirty way that we were shot with [rocket] launchers. We feel so embarrassed.’ (Girls aged 13–17, FGD, NL12)

‘...some [Bengali staff] treat us as if we stink in the same way we beat off the dogs and say, ‘shoo, shoo! Go away and stay away from me’. They treat us as though we were animals.’ (Men aged 41–55, FGD, HU07)

‘Especially the Bangladeshis that come here to give us service, most of them behave disrespectfully. But when the foreigners come, they behave respectfully in front of them. As soon as the foreigners leave, they go back to treating us like before, as though we were animals. Whenever they come to our house, they behave as though our shelters stink, as though we stink. They say, ‘do you have anything here? You want to behave just the way you want here?’ (Men aged 41–55, FGD, HU07) ‘The foreigners rarely come to the camp and we don’t understand their language at all, so we cannot talk about how they treat us. An interpreter comes with the foreigners and we don’t know if the interpreter interprets what we say. Bangladeshis treat us differently, but we tolerate them and we stay patient because it is not our country but theirs. When someone makes a mistake, they say ‘You people had to come here because of your characters. You people are bad people that is why the Rakhine people chased you.’ When they say that, we feel sad. The non-Rohingya people come here to help us. So, when they behave like that, we can neither object nor complain against them.’ (Men aged 18–24, FGD, AH03)

Some participants directly linked levels of education to why some Rohingya volunteers and humanitarian staff display disrespectful behaviour and engage in misconduct. They explained that those who are more highly educated are more likely to show respect than those who are uneducated or less educated. Participants also linked education with increased social cohesion. Lack of education was associated with both poor behaviour and increased risk of engaging in criminal activity.

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'Educated people never speak or behave badly. There are differences between educated people and uneducated people. It is like people with eyes and people without eyes.'

**(Boys aged 13–17, FGD, AH09)**

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'It's not about gender. There are some educated [Bangladeshi staff] and some who are not. There are differences in behaviour between those who are educated and those who are uneducated. Educated people speak with respect and uneducated people don't. Like a person who is unhusked rice (dandoilla), they speak however they like. The educated one speaks with respect and some do not. But the other [uneducated] don't think of themselves, they say 'tura' [informal or disrespectful form of 'you']...They speak with contempt. These are people at a gas distribution centre at [a humanitarian organisation]. I can even show who they are. We dislike the word 'tura' and I wanted to know the meaning of it. They speak this way with everyone. They blame us and say we are making their country go astray, roads being damaged, waste increasing, and that they have no peace. We ask that they use 'tuara' instead of 'tura.'

**(Men aged 25–40, FGD, BLO9)**

Participants also said they were more likely to experience poor behaviour or misconduct by Rohingya volunteers and humanitarian staff at distribution sites and health clinics (see **Section 3.5: Health on page 60**).

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'The Rohingya volunteers who visit our shelters treat and speak respectfully with us. But those who work in the health centres are very rude. They yell at us and send us here and there. Those who come here treat us the way you are treating us and speaking with us. They are very good.'

**(Women aged 56+, FGD, AL02)**

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'Rohingya volunteers who visit us [in our sub-block] treat us as you treat us – nicely. But Rohingya volunteers who work in offices, ration distribution centres, and health facilities have a bad mouth. It seems like we have to beg them for help every time. They yell at us even from far away. We have to go there [for help] even though we feel very embarrassed. People in the health facility speak and behave rudely. When a person goes to seek treatment for the first time, he/she doesn't know anything about the system there. Only those who go there regularly know the rules. One day, I went to a health facility and I didn't know how to get treatment. I asked a Rohingya volunteer to guide me on what to do and where to go. She scolded me and told me to get out of there with a bad mouth, and I never went to that health facility again.'

**(Women aged 25–40, FGD, DK07)**

While the general opinion of Rohingya volunteers was positive and it was clear that participants felt more comfortable interacting with fellow Rohingya refugees, there was also a sense of discouragement and frustration among them about the inability of volunteers to follow up on requests, make positive changes, and solve problems related to relief. Many said this is because volunteers are not in management positions and are not directly linked to those making decisions about assistance and services, so they cannot directly solve their problems. For some participants, this frustration is worsened partly because the system itself is slow and partly because they do not understand how decisions are made, which problems can and cannot be solved, and who makes those decisions and why. This has created a sense of hopelessness among the Rohingya when it comes to accessing or resolving problems related to humanitarian assistance. Many said that while Rohingya volunteers can communicate respectfully and effectively and relay information between refugees and humanitarian staff, they have limited control over whether something can be actioned.

'Yes, we feel respected. Whenever we ask them to see our shelter they go. But they don't come up with a decision to resolve the problem. They speak in a respectful way, but they don't report our problem. Hence the problem remains unresolved.'  
(Men aged 41–55, FGD, AR04)

The work of both humanitarian staff and Rohingya volunteers was more appreciated when conducted at the shelter and block level. When relationships could be developed in quiet and safe spaces within the sub-blocks where they live, people felt more comfortable sharing opinions and engaging with humanitarians. The participants said they appreciate the time, patience, and kindness shown by humanitarians when they visit their shelters and blocks, conduct meetings, and provide information about humanitarian programmes. This is in direct contrast to many other humanitarian activities which take place in offices or community spaces within the camps.

## LANGUAGE AND COMMUNICATION

Language and the ability to communicate openly and easily with people providing assistance was also discussed. Language barriers between Rohingya and Bangladeshi staff, as well as with international staff, were often mentioned as one of the reasons for feeling disrespected or misunderstood and were directly linked with an unwillingness on the behalf of participants to engage with and trust responders. The few participants who had direct interaction with international staff all said they struggled to converse and make a connection because of the language barrier. The quality of engagement relies heavily on the quality of the interpreter.

Some participants said that some Rohingya understand some Chittagonian and other languages, such as Bangla or English, but levels of fluency and comfort speaking these languages vary.<sup>16</sup> Participants who raised language as an issue explained that Rohingya refugees and Bangladeshi staff commonly misunderstand each other and struggle to communicate without an interpreter. Some noted that Bangladeshi staff often mix Rohingya with Chittagonian, which is confusing and frequently results in miscommunication. Various studies that have been conducted in the camps show that language impacts women and girls much more than it impacts men and boys. This is because women and girls are less likely to be educated and are less likely to speak languages other than Rohingya.<sup>17</sup>

The Rohingya want to develop relationships of trust with those hired to support them. Being able to communicate in their preferred language plays a large role in this. It would also allow the Rohingya to follow up on enquiries and develop open channels of communication where they feel supported and connected to those providing assistance. To this end, research participants suggested increasing the number of Rohingya volunteers working with humanitarian organisations. In many FGDs, people also said they preferred when volunteers were from the same block, as they already know the situation and needs of the Rohingya there and can provide better help

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16 For more information on language usage in the camps, see: Translators without Borders (TWB), 'The language lesson: What we've learned about communicating with Rohingya refugees', December 2018, as well as BBC Media Action and TWB's 'What Matters?' bulletin series

17 As well as the studies cited above, the J-MSNA explored the impact that language has on women and girls and their access to services and interaction with responders. Inter-Sector Coordination Group, 'Joint Multi-Sector Needs Assessment', August 2020.

'Most of the time, when foreigners visit the camp they bring Bangladeshi translators with them and we don't understand the translator's language properly. So then, someone among us needs to translate again to the translator. Among us there are so many graduated youth who can do translation well. It would be better if foreigners brought Rohingya translators with them when they visit us. Another point is that Bangladeshi volunteers think we refugees are nothing and have no value at all. They always try to exaggerate whenever they see a mistake one of us makes. My suggestion is that they recruit all the field workers from the Rohingya community and let all the office staff be from the host communities.'

(Men aged 18–24, FGD, ZU04)

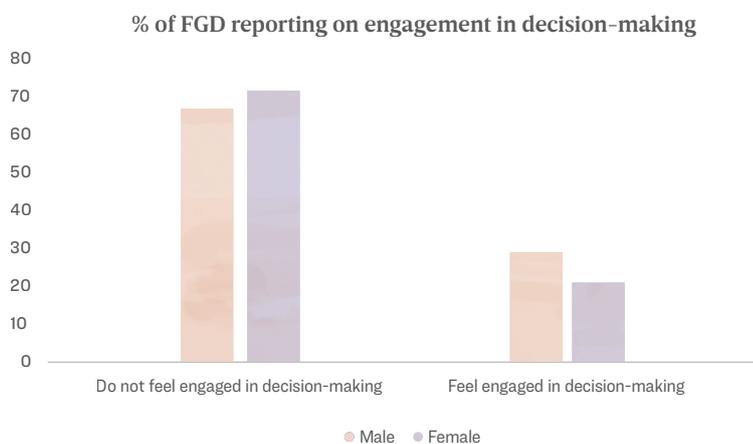
'We don't understand their language as we don't know 'bangla shadu basha' [pure Bangla language]. We also don't fully understand the language of people from Cox's Bazar. That is why we understand only some of what they say. As far as foreigners are concerned, whenever donors come to visit, we do not understand their language because we don't speak English. We have not had the opportunity to learn to speak English. People in Kutupalong [old camp] speak English fluently because they are well educated. We are also not allowed to learn Bangla because we are not people from this country and so we do not understand their language and cannot communicate with them. So, we cannot fulfill our needs.'

(Men aged 35–40, FGD, BL08)

'We feel especially very comfortable sharing our good and bad feelings with them [Rohingya volunteers] because their language is the same as ours. And those who are not Rohingya, we can't understand each other, hence we struggle to share our feelings with them. This is why we request that you keep Rohingya volunteers. Rohingya volunteers know us, we can share with them and they keep a good relationship with us.'

(Men aged 25–40, FGD, AN01)

### 1.3 INCLUSION IN DECISION-MAKING



Most participants said they do not feel included and involved in humanitarian decision-making processes regarding the assistance and services they receive. Research around this has been conducted since 2017, but this finding has been commonly reported in more recent studies.<sup>18</sup> The reasons why people do not feel included in decision-making have not been as consistently investigated, however.

Many participants interpreted consultations and engagement in decision-making processes as being actively engaged in the identification of a problem or need and then consulted on appropriate solutions and the implementation of the selected solution. Needs assessments or being asked about needs and problems were not interpreted as being included in decision-making. Many participants said that although assessments and questionnaires are carried out, no one engages with them meaningfully in decision-making processes

<sup>18</sup> The following studies found similar results regarding perceptions on inclusion in humanitarian decision-making: J-MSNA 08/2020; PSRP 07/2020; ACAPS and IOM, 'COVID-19 Explained series', 2020. It is important to note that there are also studies that present contradictory findings. This is likely because of different interpretations of what constitutes 'inclusion in decision-making' and 'consultation' among humanitarians. Initial investigation into different research methods suggests quantitative methods can elicit high levels of response bias when collecting accountability information, as can the use of Bangladeshi enumerators. More research on this needs to be conducted, however.

or asks about their problems. They noted that in assessments, discussion is limited and there is no open dialogue through which they can voice their opinions, raise issues, and discuss solutions; they can only answer questions. The Rohingya understand decision-making as a discussion about what is being distributed, how it is distributed, and to whom. These decisions have already been made without their input by the time relief arrives in the camps.

### CREATING A RELATIONSHIP WITH DECISION MAKERS

Participants who said they had given their opinions and communicated their needs to responders commonly voiced frustration about never seeing the results or hearing back from those who conducted the consultations. They also noted that such consultations are ad hoc, irregular, and conducted by different people representing different agencies each time. There is no space for them to create meaningful relationships with decision makers. When asked to give an example of a time when they were involved in consultations, most participants could name only one or two examples since their arrival. Some also noted that assessments and consultation sessions are not conducted by programme staff with the power to make changes and to whom they could report their issues, and said that they consider this a problem. More regular consultations that are open-ended and conducted at different stages of the decision-making process are needed. It should be noted that many Rohingya expressed appreciation for the consultations in this study, which were open-ended and conducted by Rohingya researchers in a safe space, because they felt they had not yet participated in such an activity and they felt heard.

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‘They don’t include us in decision-making. If they build something, they don’t even allow us to get close. After building something, they invite us to join and say that that was built for us.’

(Boys aged 13–17, FGD, AR07)

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‘All humanitarians should hold meetings about any aid for us [people in the block]. They don’t include us in any of their decisions at all. If they include us in their decisions in the future, then we can trust them better and express our feelings and our needs clearly to them. NGOs have to come to us and communicate with us.’

(Shomaz committee, FGD, BL13)

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‘As an imam, I am invited to meetings to discuss with them [humanitarians]. They include us in discussions but not in decision-making.’

(Man with disabilities, KII, AR08)

### UNCLEAR PROGRAMME DELIVERY

Another issue that was often mentioned was the lack of clarity around programme delivery. Why some camps or demographic groups receive different types of assistance or have different types of services was a commonly reported source of confusion. In many FGDs, people made comparisons with other camps when issues with latrines and water access, NFI distributions, shelter materials, and pedestrian infrastructure were raised. This suggests a need for clarity around what is delivered to whom and why, as well as stronger engagement about the decision-making process and how and why certain decisions are made. Without this, it is difficult for Rohingya refugees to know their rights and to ensure that they have access to the services and support available to them and that this support is delivered in the most appropriate way possible. There is also confusion about why certain camps fare better than others, with people suggesting it is because of how agencies do their work differently.

Lack of clarity around how the humanitarian system works and why there is a difference in programme delivery has been a source of frustration and confusion for the Rohingya since the beginning of the response.<sup>19</sup> Differences in services and facilities between camps are consistently documented and tracked across the response and there are many contributing factors as to why these differences exist. This information – combined with a necessary explanation on how the humanitarian system works – has not been provided to the Rohingya refugees, however.

Stark indications of the lack of interaction with responders were provided by participants, who gave examples of people in the camps pretending to work as volunteers and using this false identity to enter people’s shelters

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<sup>19</sup> Holloway and Fan, ‘Dignity and the displaced Rohingya in Bangladesh: *‘Ijjot* is a huge thing in this world’’, Humanitarian Policy Group, August 2018.

and steal. The Rohingya participants who reported such incidents requested more regular engagement with the people delivering aid to be able to get to know them. They also recommended that humanitarians always wear identification and carry an ID card.

‘Last time, some people pretended to be volunteers and took money from the people of the camp, saying that they will provide a gas stove. The humanitarians should always have their ID or their visibility on to gain our trust.’

(Men aged 18–24, FGD, HU08)

### NEGATIVE PARTICIPATION IN CONSULTATIONS

Participants in 72% of female FGDs and 67% of male FGDs reported having had negative experiences regarding consultations. This is largely because participants report that they do not feel like they are adequately consulted. Some reported that sometimes only the Mahjis or volunteers working for NGOs were consulted. Others said that although they were sometimes consulted, their opinions were not taken into consideration. This may be a common perception because people said they do not receive follow-up information about the impact of the consultations they participated in. There were also perceived differences about who is or is not consulted, with literate people, people with specific roles (imams), and older men in the community being consulted, while illiterate people, younger people, people with disabilities – especially those with mobility changes or communication difficulties – and women and girls are excluded. Young people reported that only adults and older people were consulted.

‘The humanitarians don’t include us in any decisions about aid. We do not know if they even include Mahjis or not. But it is clear that we are excluded in decisions about providing aid. It’s only you who has talked to us about our condition today for the first time. It has been three years and we have not received a chance to share our opinions and ideas. A few days ago, everyone from our block including some women went to the CiC office to complain about our water issues. They promised to solve our problems by providing what we need, but it has not yet been solved and we haven’t gotten an update about it yet.’ (Shomaz committee, FGD, AH15)

‘No, humanitarians don’t include us in decisions about aid. They talk with our brothers and fathers.’ (Mentioned by multiple participants, Girls aged 13–17, FGD, DK02)

‘No, they never include or invite me. When they come to conduct meetings in our block, I can’t join them because they have the meeting in others’ shelters where I can’t go. They should come to my shelter to do meetings just like you came today. If they did that, at least I would get some snacks like what they give in the meetings. And I really want to sit with them just like the others.’ (Single female-headed household with a disability, KII, NL24)

‘They discussed [relief] with boys of our age only once. There was an NGO but we don’t know the name of the NGO. They tried to build an office or a library here and they took our opinions. They asked us what we wanted and what kind of books we wanted. They also discussed with the elderly to know the needs of women, boys and girls, and people of different age groups. Other humanitarians don’t include boys our age in decisions about aid. They include our parents, block Mahjis, and volunteers in decisions about aid.’ (Boys aged 13–17, FGD, AH06)

KIIs with single female-headed households revealed they are not commonly involved in decision-making processes. They said this is because they do not feel comfortable leaving their shelters and because of their perceived social status as divorced or widowed. Women also reported not feeling worthy or important enough to be included in such discussions. This highlights the need for consultations to occur within shelters and blocks to ensure women can engage in consultations and participate in decisions about assistance.

‘Why will they take my opinion? I am a woman without a husband. There are some who have listened. [Humanitarians] look for a male, if there is no male at home, then they listen to what the women say. They have never taken my opinion.’ (Single female-headed household, KII, DK20)

## POSITIVE PARTICIPATION IN CONSULTATIONS

Those who felt consulted in decision-making processes said a positive consultation is one where they are made to feel comfortable, spoken to politely, and provided a safe space for open dialogue. Positive consultations were viewed as those where people were consulted about their needs, the assistance they like to receive, and how they would like to receive it. Participants preferred meetings organised at the block level and within shelters and appreciated it when consultations were followed by tangible action and where they could see that their opinion was taken into consideration.

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‘Yes, once we were in need of a latrine and humanitarians came to us and asked us about where the latrine should be put. They also asked us about schools, roads, and lamp posts. They usually discuss these things with us before providing anything.’ (Shomaz committee, FGD, AH19)

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‘Two years ago, there were no shelters. People made their own using only tarpaulins. At the time, a humanitarian agency came to consult with the community about shelters and asked whether we want to build our own shelters. Then the community said, ‘we will be happy if the organisation build the shelters for us, made of bamboo and tarpaulins. We will be happy’. [A humanitarian organisation] built the shelters in our block as per our request.’ (Boys aged 13–17, FGD, ZU01)

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‘Some humanitarians include us, and some don’t. If their aid is about women, they take women’s opinions. If their aid is about elderly people, they take elderly people’s opinion. Depending on their activity, they include the opinions of the respective people.’ (Boys aged 13–17, FGD, ZU01)

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‘When we told them [humanitarians] that collecting firewood is problematic for us, they provided us with LPG. [A humanitarian organisation] held meetings in our block and provided us with some vegetables such as potatoes, chilli, garlic, onions, and also fish, eggs, salt etc. They also used to inquire afterwards whether whatever they gave was enough for us or whether the items should be increased or not. Then they increased some items according to our suggestions. For example, they included soap according to our suggestion.’ (Men aged 41–55, FGD, SH05)

## 1.4 FEEDBACK AND COMPLAINT MECHANISMS

To better understand knowledge and use of complaint and feedback mechanisms in the response, variations of the following questions were asked in all consultations: ‘If you have a problem related to humanitarian relief where do you go to fix this?’ and ‘Are there people who are there to support you? Have you gone to a humanitarian agency in the past to resolve a problem or complaint?’

When asked where people go to report a problem related to humanitarian aid, most people said they file their complaints to the CiC, Mahji, and Site Management offices. Regardless of demographic group, the Mahji and the CiC were the first point of contact. Often, the Mahji was listed as the first point of contact because of their perceived connection to CiCs and because CiCs and some relief agencies require their engagement in resolving complaints. The vast majority of FGD participants did not know of other avenues if their reports to the CiC, Mahji, or Site Management offices do not resolve their issue. This over-reliance on Mahjis and CiCs along with the inability of the Rohingya to name other points of contact for reporting issues has been reported on before and is a point of concern, because camp authorities do not meet the minimum standards of representation or impartiality.<sup>20</sup>

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<sup>20</sup> See the following reports or data sources: ISCG, UN Women, CARE, Oxfam and ACAPS, ‘In the shadows of the pandemic: the gendered impact of covid-19 on Rohingya and host communities’, 10/2020; UNHCR and REACH, ‘Settlement and Protection Profiling: Round 6’, 11/2019; J-MSNA 08/2020.

Where complaints and feedback are reported – main five answers			
Female FGDs (n=54)		Male FGDs (n=119)	
Don't know where to complain or don't report complaints	73%	CiC	80%
Mahji	52%	Mahji	50%
CiC	43%	Site Management	42%
Specific humanitarian organisations	13%	Specific humanitarian organisations	29%
Site Management	6%	Don't know where to complain or don't report complaints	19%

In 73% of female FGDs, there were participants who did not know where they could report complaints or provide feedback; some simply said they do not report problems. This contradicts the findings of the J-MSNA conducted in 2020, which states that only 6% of the population have trouble providing feedback and complaints and 40% of the population 'did not need to give feedback' (37% of male respondents and 50% of female respondents).<sup>21</sup> This difference in results is likely because of the different research methods used. The J-MSNA collected mainly quantitative data using mobile data collection, which has been identified as a difficult method for unpacking community perceptions.<sup>22</sup> Female respondents in the J-MSNA were more likely to say they did not give feedback. Because of the way it was designed, the assessment cannot further explore why this is the case, however.

It was clear in this study that women and girls are less accustomed to raising issues and complaints or providing feedback. There also seemed to be some misunderstanding around the meaning of the questions in the FGDs, and some participants thought facilitators wanted to know if they had ever reported personal, family, or community issues rather than issues related to humanitarian aid. Despite additional prompting and explanation, some female participants still struggled to discuss experiences with complaint and feedback mechanisms.



Nine out of ten KIIs with single female-headed households revealed that they had very little experience reporting problems. They either said they do not know where to go or they do not feel comfortable with the reporting options they know of, which often involve leaving their shelter and talking with men.

21 Inter-Sector Coordination Group, 'Joint Multi-Sector Needs Assessment', August 2020.

22 See: REACH, 'Water, Sanitation and Hygiene Qualitative Assessment: Findings on Menstrual Hygiene Management Needs', September 2019, and ACAPS, 'Data collection: lessons learned from the Covid-19 pandemic in Rohingya refugee camps', October 2020.

Male participants were much more aware of where to go, who to speak to, and what they could report. Only 19% of male FGDs had participants who did not know who to report to or who had never reported an issue (compared to 73% of female FGDs). This was more common with older men (56+) than other age groups.

‘No, I didn’t [report], and I don’t even know where I should go. I stay at home all the time, pray five times a day, and read the Quran...If they communicate with me just like you in the future, I will be happy. I will go in front of them as well if they treat me like that, but I won’t go far away if they call me to the office or other places because I feel shy. If they come to my house like you, without bullying me, I will talk with them.’ (Single female-headed household, KII, NL25)

In most discussions, the existing community feedback mechanisms were said to be unreliable or unclear. This resulted in approximately half of both female and male FGDs reporting an overall negative experience when trying to report problems and issues in the camps. Of participants who were able to give examples of reporting issues, most said their problems often remain unresolved and there is limited follow-up or communication provided on the process of their complaint.

‘The complaint was that rats had damaged our tarpaulins and they leaked water when it was raining. We used branches to cover up the roof, but it didn’t work. So, we went to complain to the office, and they said that they would send volunteers to check our shelters and that we would get tarpaulins as well. When I came back, my house was already damp and no volunteers came. Then I was going to work one day, on the way, I found a piece of paper...It was my complaint paper.’ (Boys aged 13–17, FGD, AH07)

There is a lack of clear communication around what the complaints process is, what to expect after a complaint is made, and how to follow up. Lack of clarity on the types of problems that can be fixed and who is responsible for what has also caused frustration and contributed to distrust and a lack of reliance on those providing assistance. Participants who said their complaints had been addressed often qualified this statement by saying that any resolution by humanitarian organisations, Mahjis, and CiCs was very slow and they often had to complain many times before an issue was even considered. Many participants mentioned they have complained about specific issues so many times without a response that they no longer complain. In 23 FGDs, mostly with men aged 41–55, participants also mentioned the need to offer bribes for their complaint to be processed and resolved.

‘They repair the shelters that they can get bribes from. For other shelters, they just say that they have submitted the reports and will notify when the list comes out. And in that way, they keep delaying.’ (Boys aged 13–17, FGD, AH05)

‘Although I have made complaints multiple times about water difficulties to the humanitarians who visit our sites, we still haven’t received any assistance for it. A person from an NGO told me that they would certainly put a water tap stand here near my shelter, but it hasn’t happened yet and no NGOs have helped me fix the water problem. It’s extremely difficult to live like this here.’ (Women aged 56+, FGD, AL02)

‘We made a complaint to [a humanitarian organisation] about drainage and to put a wall in front of my shelters so that it is not destroyed. One month after I made the complaint, one Bangladeshi staff with one Rohingya volunteer came to investigate what I reported. Finally, they gave me one tarpaulin sheet, one big piece of borak bamboo, and some small bamboos pieces after one year.’ (Men aged 41–55, FGD, AN02)

‘Whenever we make a complaint to [a humanitarian organisation], they do not resolve our problem. They refer us to the CiC and the CiC refers us to [a different humanitarian organisation]. Sometimes they refer us to go to Panbazar. We have to go there more than 3–5 times and they extend the matter for more than one month. Even for small issues, they take a long time.’ (Men aged 18–24, FGD, AN05)

Participants in 30% of the 107 male FGDs in which negative experiences with providing complaints and feedback were raised said they no longer trust humanitarians to help them because of their inability to respond to and resolve their issues. Higher levels of distrust were observed among younger men, with 57% of male FGDs with boys aged 13–17 and 44% of male FGDs with men aged 18–24 raising this issue. Deteriorating levels of trust between humanitarians and Rohingya refugees has been reported throughout the COVID-19 response and has impacted Rohingya refugee perceptions of humanitarian responders. Though these trust issues existed pre-COVID-19, the COVID-19 risk mitigation and containment measures that resulted in a reduced presence of humanitarian responders in the camps and a reduction in services made matters worse.<sup>23</sup>

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‘We even found our written complaints thrown away on the roads. So, we don’t trust them anymore.’  
(Boys aged 13–17, FGD, AH07)

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‘We cannot trust them. We have reported to [a humanitarian organisation] about our shelters but they did not do anything.’ (Men aged 18–24, FGD, AH03)

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‘When we go to the NGOs to make complaints, they don’t help us. They only pretend to listen to our problems. For example, if we complain about any problems and they pretend to listen and they do not complete the work early [to address our problems]. Every time they delay the work by five, ten, 15 days all the time. Since we are helpless, we have to agree to all the hardships and do not complain to them about their delay.’ (Men aged 25–40, FGD, AN03)

In 33% of male FGDs and 19% of female FGDs, participants recalled positive experiences when providing feedback and requesting help from humanitarian providers. Those who were able to report positive experiences said they were listened to and, after some time, their complaints and feedback were followed up on and issues were resolved.

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‘Women humanitarian workers often come to visit us from different NGOs and tell us about hygiene promotion according to the instructions of their respective offices. They ask us about our current situation in the blocks. So, we requested them many times about toilets because we had only one toilet for both male and female. There used to occur many problems between men and women about using the toilet. Finally, they provided us with toilets and bathrooms separated for men and women.’  
(Women aged 18–24, FGD, NL01)

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‘Yes, I went to the [humanitarian organisation] office to complain about a problem with rations because some of my family members didn’t get rations from the Food Assistance Cards. They advised me to go to the CiC, and I went there accordingly. Then, the CiC gave me a paper with his signature, and the [humanitarian organisation] provided us with ration support for a few days. Then, gradually, I got rations for all the members of my family. My complaint was truly fulfilled indeed.’  
(Shomaz committee, FGD, HU12)

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<sup>23</sup> See the following reports: PSRP, ‘Rohingya Experiences of Covid-19 in Cox’s Bazar Camps’, 07/2020; IOM and ACAPS, ‘COVID-19 Explained Series’, 2020).



# Cross-cutting themes



## 2.1 THE COLLECTION OF DISTRIBUTED ASSISTANCE

When collecting assistance, regardless of demographic group or the type of assistance discussed, four main issues were raised repeatedly:<sup>24</sup>

- being unable to carry assistance home because of its weight
- distribution points being too far away across difficult terrain
- long distribution lines
- registration challenges and staff behaviour that hindered the collection of assistance.

When participants were asked whether they faced barriers to accessing assistance or services, by far the biggest challenge reported by all participants, regardless of demographic group, was being unable to carry assistance home from distribution centres because it was too heavy. This includes food assistance packages, LPG, and, to a lesser extent, shelter materials (as they are less frequently distributed). Food and LPG are so difficult to carry that they were mentioned by participants in 80% of male FGDs and 79% of female FGDs. To carry their assistance home, participants in both male and female FGDs detailed having to sell some of their food rations or go into debt to pay a porter or a vehicle to transport the assistance home. Even households with an adult man of working age said the assistance is too heavy for them to carry on their own, especially given the hilly terrain, poor pedestrian infrastructure, weather, and – for some – the distance from the distribution points. COVID-19 containment and risk mitigation measures to reduce crowding have worsened this issue, allowing only one family member to collect assistance at a time.

Participants in over half of male FGDs (59%) and 67% of female FGDs directly requested more support to carry their monthly food rations, LPG, and other distribution items home. Participants also suggested an increase in the number of distribution points to reduce travel distances with heavy pack.

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'It is very difficult for us to carry our rations from the distribution point to our shelters and we have to hire a labourer whom we have to pay 50 taka. It is because they [humanitarians] don't provide labour support from the distribution point. For example, there are six members in my family, and I got six litres of cooking oil. From it, I had to sell two litres to pay to the labourer. The remaining four litres is not enough for us [and] doesn't cover one month. Also, they are very late for distribution. Sometimes, they provide labour support to pregnant women, but the package isn't delivered directly at the door of the women's homes, they [the labourer] go leaving on the way.'

**(Men aged 56+, FGD, NO08.OT)**

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'It would be better if the rations we receive were delivered by the office. The office [humanitarians] should understand that we can't carry the rations and we don't get any money from those rations. We are getting ten or 12kg rice which doesn't last, and we have no other source to live. All the rations are given through an estimation of an amount for a whole month. If the humanitarians had the volunteers (porters) deliver the rations to our shelters, we wouldn't have to spend 50 taka on porters and our children could have fish or something else. But we have to spend that money now for labourers.'

**(Women aged 25–40, FGD, AI01)**

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<sup>24</sup> These issues were also identified in the following reports: WFP 04/2019; NPM 09/2020; IOM and ACAPS 08/2020; ACAPS, IOM, Shelter/NFI Sector and SM Sector 08/2020; ISCG, UN Women, CARE, Oxfam and ACAPS 10/2020.

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‘When we go to take rations, most of our people are not used to carrying heavy loads. The loads are not carriable for normal people, especially ladies without their husbands. They are not allowed to bring someone with them as well. We have to spend money, about 350–500 taka, for labour and CNG [gas-powered auto rickshaws] costs to bring our food items home. Sometimes, we cannot take our rations to our shelter on time and we are scolded because we are unable to manage that cost. If you provided the cost of [a] labourer, it would be better for us.’ (Men aged 25–40, FGD, AN01)

As carrying heavy assistance was a commonly recorded challenge prior to the COVID-19 response, agencies distributing food assistance scaled up their free porter service during COVID-19 restrictions; it is available to households that are registered as having extremely vulnerable individuals or which do not have anyone of working age who can collect assistance. Those who qualify noted that it is a helpful and essential service. Older people commonly said that despite their age and difficulty walking to and from distributions points with their assistance, they do not qualify for the free porter service however, because there is a young adult in their household. This is the case even if that young adult is female and also struggles to carry the packages. In the eight KIIs with single female-headed households, people said they face enormous challenges collecting assistance without paying for support.

Some participants in 18 FGDs (14 male FGDs and four female FGDs) reported additional problems with the porters themselves. They were either charging a fee, despite being part of the free service for extremely vulnerable individuals, or they would run away with the assistance, steal parts of the assistance, or take the assistance only part of the way. Participants explained that when using the service, they need to ‘keep up’ with the porters because if they lose sight of them, they will take the assistance. This is especially difficult for vulnerable individuals with mobility challenges.

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‘The NGOs have hired 100–200 labourers. If they want, they can hire 100–200 more. What we want is for NGOs to hire more labourers and when we go for distribution, they’ll carry our rations to our shelters and give us his [the volunteer’s] identification number. After he escorts the rations to our shelters, we’ll check whether all the things are there. Then we’ll give him back the identification number. If this process is implemented, then our rations will not get lost, and it will be better for us.’ (Men aged 41–55, FGD, ZB08.0T)

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‘I’ve gone there to collect gas. When asked to carry the gas cylinder to my shelter, they tell us they will hire a labourer but nobody comes. Women like us without husbands and sons are supposed to have labourers to escort the relief. Despite having only one person on the family attestation card, they don’t escort me to the shelter, they just bring the rice sacks out of the distribution centre. I have to sell some rice and then pay the labourer a fee to carry our rations. We face these problems when we try to get relief.’ (Women aged 56+, FGD, AL09)

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‘It would be helpful if humanitarians provided assistance door-to-door, so that we don’t need to face challenges. And women also don’t have to go out. It would be better, if they make the list and provide the token and ration according to our shelter.’

‘We have to suffer a lot to reach there [the distribution sites] and it will be better to provide [assistance] to us at our shelter.’ (Girls aged 13–17, FGD, TO07)

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‘As we are elders and we do not have sons, we cannot carry the rations by ourselves from the distribution centre. We have to hire labourers to carry them to our shelter. Last time, when I took a labourer to carry my family rations from the distribution centre, I lost him on the way back to my shelter and then I had to search for him for a long time. Fortunately, a lady helped me to find him. We also have to pay for the labour by selling some food items. The charge for the labour is 50–60 taka.’ (Men aged 41–55, FGD, AN02)

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‘Last time, when I was carrying the rice bag as I didn’t have money to hire labourers, it fell into the water because I wasn’t able to hold it firmly. All of my rice was spoiled and I faced many difficulties with food. It costs us a total of 90 taka to hire labourers to carry our things, which is difficult for us to afford. If someone were to deliver our gas tanks and rations to our shelters, it would be very good for us. I have to sell some of my rice to buy vegetables and betel to eat and it causes my family shortages of food.’ (Single female-headed household, KII, DK09)

**Long wait times, crowded distribution sites, and delayed distribution** were also flagged as major challenges across demographic groups. People are required to wait for extended periods of time in the sun and are unable to complete other tasks, such as collecting water or caring for their children. Women with infants explained that to collect assistance, they must leave their children at home for long periods of time. In single female-headed households with no one to look after their children, this is very problematic. For lactating women, lining up for long periods of time means they cannot breastfeed their child when needed.

'It would be better if they provide us in such a way that we don't need to wait in a queue in a crowd. They should provide us with the relief as soon as we get to the distribution point. Now, we go there in the morning and leave our children at home, and we come back in the afternoon or evening. Our children cry when we are late. However, we are surviving but our lives are very difficult. We are thankful to God that we are not beggars at least, who go door-to-door begging.' (Women aged 25–40, FGD, ALO4)

According to participants, one of the main reasons for long wait times and crowding at distribution sites is that humanitarians call too many blocks and/or camps (too many households) to collect their assistance at once. If fewer blocks were called, this would help reduce wait times, quarrels, and crowding. Other suggested solutions included using registration or card numbers to call people one by one to collect their assistance, or people being assigned a number to symbolise their place in line. This way, people could avoid standing in long crowded queues in the sun and could wait in a shaded area until their number is called. Some participants also said this would reduce the number of people turned away after waiting all day when humanitarians are unable to finish their distribution in one day. These changes would also allow women to separate themselves from men and to feed their babies in a safe and private space while waiting for their assistance. It would also be helpful for older people, those who are ill, and people with disabilities who struggle with queuing in long, crowded distribution lines with limited seating and no protection from the heat. Many FGD participants also noted that disorderly lines make things harder for vulnerable groups and waiting for long periods of time in line without being able to go to the bathroom is difficult, especially for older people.

'I don't agree with them [humanitarians]. I don't like the way they distribute the gas cylinders and the rice. Sometimes, we are sent back without getting the gas cylinders. In the same way, if we go to get rice from [a] food distribution centre we have to wait for a very long time. For example, if we go there at 8:00am, we have to wait until 2:00pm or more. We have difficulties with this way of providing.'

(Men aged 25–40, FGD, TH01)

'Our main challenge is that we need to be in the queue for a long time when we go to get the LPG. Some of us went there at 5am with a mosquito net to sleep there. I think you have seen some of them. They give LPG until lunch hour, 12 o'clock. After lunch hour, they tell us they have stopped distribution. Then we have to go home without gas. We are told to come the next day but then that day they say, 'why you come late today? We cannot give you gas.'

(Shomaz committee, FGD, TH13)

'When we try to get the relief, we have to wait all day in the blazing sun in a queue and sometimes we have to go home without any relief. There is no shade at all there. This is very difficult for women, elderly people, and children. This is a major problem for people here. They should not make us wait in line like that. They should distribute tokens for certain blocks at a time so that there are no crowds at the distribution point. Instead of inviting three or four camps together, it would be better if they gave to each block separately.'

(Men aged 18–24, FGD, ZU07)

**In 27% of male and 20% of female FGDs, participants suggested humanitarian agencies should be more flexible about who from the household can collect the assistance, and they should improve staff behaviour and monitor conduct at distribution sites.** The most commonly discussed problem was when a family member who is not the primary collector goes to collect assistance because the primary collector is unable to do so, because they are sick, performing other household tasks, completing IGAs, and so on. Limited flexibility around who can collect assistance, and the fact that there is little room for negotiation on this, sometimes results in households missing out on assistance. Participants also discussed how staff behaviour at the centres can be disrespectful, especially

when there are questions around quantity or quality of assistance. Some spoke of incidents where their assistance was thrown at them or they were not allowed to check the assistance before accepting it and taking it home.

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'We face problems. The volunteers at the distribution points speak to us badly. They don't care whether the person is Mahji or other respected people. Another problem is that we have to stand in a long queue to receive rations and family members can't take rations instead of each other. For example, if my mother is sick and I go there to receive the rations instead of my mother, they won't allow me to and will ask me to bring my mother at any cost. This is very difficult for us.' (Shomaz committee, FGD, AH19)

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'I had to take my daughter with me when wheelchairs were given. It was difficult for me to carry her... First, they should check my daughter once and understand her condition. Then, I should be able to go alone to receive assistance for her all the time.' (Mother of a young girl with disabilities, KII, NL22)

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'Yes, we face problems when we go to receive the relief. In the distribution centres, if we can't find where the humanitarians provide relief, no one guides us to where we should go. If we ask for help from the volunteers, they shout at us, so we have to figure it out ourselves. Furthermore, if we are late, they scold us and don't provide us with rations. It also happens in the distribution centre of gas cylinders.' (Women aged 25-40, FGD, DK01)

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'They [people in the distribution point] throw the bags in the mud. We even had a quarrel last time. The volunteers threw my bag of rice in the mud while it was raining. They distribute rice from the south end, but the road is at the north end. When you carry the bags in rain they get drenched and that damages half of the rations. The rice won't get wet if they provide us with vehicles.' (Men aged 56+, FGD, SH09)

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## 2.2 UNSAFE AND UNDIGNIFIED ACCESS

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Ensuring safe and dignified access to all services for everyone is not only essential, it is central to the principle of 'do no harm' that all humanitarian responses are required to uphold. In the consultations, problems around unsafe and undignified access to services were raised continuously by specific demographic groups, such as women and girls of all ages, older people, and people with disabilities.

### WOMEN AND GIRLS

For the Rohingya, it is undignified and shameful for women and girls, especially adolescent girls and unmarried women and girls, to be seen in public and to interact with men and boys outside their family. As the refugee camps are some of the most densely populated places in the world and their residents have no option but to use public facilities, complete segregation for women and girls is nearly impossible. Participants in almost all female FGDs discussed how they navigate this challenge and the daily trade-offs they make between accessing services and assistance and upholding their dignity. They continuously pointed out that queuing at crowded distribution points and public facilities – such as toilets, water points, and health clinics – without proper gender-segregated lines and without the proper clothing makes upholding their dignity and honour almost impossible. Many explained that to do anything outside their shelters while maintaining some dignity, they need to wear a burqa, gloves, socks, veil, and hold an umbrella. Many said they do not have all these items and must borrow from neighbours. They also pointed out that standing in queues for hours in the sun is very hot and unbearable with that amount of clothing on. Other women, especially young unmarried women, said conservative clothing is not enough to prevent people from questioning their dignity and harassing them.

The lack of gender-segregated queues and facilities was reported as a major challenge that prevents women and girls from being able to collect assistance or use facilities. This is not a new finding; women and girls have stressed the importance of gender-segregated facilities since the beginning of the response. The failure to address this means that core humanitarian commitments outlined in the Sphere Standards have not been met, such as Protection Principle 1: ‘Enhance people’s safety, dignity and rights and avoid exposing them to further harm’.<sup>25</sup> This is especially an issue for latrines (see **Section 3.3: WASH on page 52**). While some services and facilities have gender-segregated lines and some facilities are gender segregated, participants explained that the separation is insufficient because men and women can still see each other, everyone needs to enter the facility through the same small entrance, or men are gathered near the facility.<sup>26</sup> Travelling across camps and carrying assistance or water pitchers were also considered undignified for women and girls.

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‘We don’t have [a] burqa, umbrella, and sandals. We have to go to the distribution centre to get the relief just like that. But we can’t go there without umbrellas and [a] burqa and many people see us there. Don’t you think this is important to us? We have to stand in queues where all the men can see us. We can only guard ourselves if we have umbrellas and burqas. [A] burqa, umbrellas, and sandals are essential for us. We also have to wear veils, socks, and gloves. Allah created us and we were born through Adam and Hawa [Adam and Eve] with decency and modesty. After arriving here, our modesty and decency has been compromised. We’ve got to go out and do things. If we want to maintain our modesty, don’t we need those things?’

‘We don’t have the proper burqa, umbrella, and sandals, but we’ve got to collect relief anyway. Men stare at us. It is sinful. Men and women have to stand together in the queues and then collect the relief one by one.’ (Women aged 25–40, FGD, AL06)

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‘There is segregation between men and women. Indeed, they arrange separate lines for men and women, but everybody enters from one path at the entrance, pushing each other. This is completely forbidden in Islam; men and women are asked to maintain segregation. We need this to be implemented. We want someone to separate the entrances for men and women. They have people only inside where the distribution takes place. The path is narrow and small and is easily overcrowded.’

(Men aged 41–55, FGD, HU07)

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‘We have to wait to line up. We have to go to the distribution centre wearing a mask, skirt, and a burqa. Then we have to wait in the queue. There is a good practice that [the humanitarians] provide rations to the women earlier than men, so we don’t need to wait as long as the men. But we still have many problems and challenges carrying the rations home from the distribution point. We often have to hire labour. It is also very difficult for us to pay for this labour. Sometimes, I can pay and sometimes I cannot. As ladies, we feel we are losing our dignity when we carry the rations on our waist. We would be very thankful if the humanitarians provided us with porters so we can carry the relief easily.’

(Women aged 25–40, FGD, AL10)

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‘My dignity is safe if my old mom is with me. If she goes somewhere else and I have to go alone, people talk badly about me...For example, if a family comes to arrange a marriage for me, then people may say bad things about me [because I go alone]. That’s the problem. I have to go everywhere [to collect assistance] when my mother gets sick.’

(Girls aged 13–17, FGD, AL11)

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25 See the Sphere Handbook 2018 Edition for more details. See various reports that have reported the need for adequate gender segregation of services: CARE 10/2017; Holloway and Fan 08/2018; Oxfam 08/2018; UNHCR, CARE and ActionAid 09/2020; ISCG, UN Women, CARE and Oxfam 05/2020, 10/2020.

26 For additional information on women and girls regarding safety and dignity and the trade-offs they make when accessing services, see: IOM and UN Women, ‘Honour in Transition’, April 2020.

Some participants in female FGDs and KIIs with single female-headed households said they engage in IGAs that involve them working in public alongside men and completing work that is considered masculine, out of necessity. They said they felt ashamed and publicly humiliated doing such work, but that they did it because they saw no other option, emphasising that this is the only way they can support their families.

'I worked in the constructions of roads. I even got an injury on my legs doing it. I worked as a daily labourer. We carried bricks and sand there. They provide cash for work to a person only once. I had never done such work in my life before. I worked with men. I used to earn money – but by working in people's homes as a maid. I have never worked with men. It was very embarrassing.' (Single female-headed household, KII, DK09)

Women and girls have had to employ various techniques to reduce their risk of social prejudice and maintain their honour and dignity. Common coping mechanisms included:

- not using some facilities and/or relying on others to do so on their behalf
- substantially reducing the use of a facility or service, including toilets and bathing facilities
- sharing clothing and accessing services and facilities collectively
- only accessing facilities at specific times to avoid crowds, with the preferred time being at night
- selling assistance, borrowing money from neighbours and family, begging for money in their block, going without essential items, and other negative coping mechanisms to earn money to purchase items they need for their family, without having to participate in socially inappropriate IGAs.

These coping strategies not only limit the mobility of women and girls and their access to facilities and assistance, but they put their health and safety at risk. Important hygiene practices are skipped and accessing services at night, with limited lighting, is dangerous. The limited use of personal handheld lights and lampposts increases the risk of rape, assault, or physical injury while navigating difficult terrain in the dark (see **Section 3.2: Shelter and site development on page 49**, **Section 3.4: Non-food items on page 57**, and **Section 3.3: WASH on page 52**).

Both male and female participants requested changes to address the issue of dignified access. These include properly segregated facilities and distribution sites using partitions and different entry points, IGAs for women that can be done in their homes, distribution sites closer to homes or home delivery, and the increased distribution of clothing.

### **OLDER PEOPLE AND PEOPLE WITH DISABILITIES**

Long queues, difficult terrain, and a lack of adapted facilities and assistive devices were commonly cited as major challenges for older people and people with mobility challenges.<sup>27</sup> Many said they rely on household members, neighbours, and friends to collect assistance on their behalf or accompany them to services. Some older people in the FGDs openly discussed challenges around being able to live with dignity in the camps, pointing out that when lining up for extended periods of time to access toilets or other facilities they often cannot prevent themselves from defecating in their clothes. They said this is not only embarrassing and uncomfortable, but because they only have one or two sets of clothing it also increases their risk of developing health issues because they do not always have clean clothes to change into. Older people also explained that they often need to use the toilet at night and navigating across the camp terrain without adequate lighting and assistive devices means they often get hurt.

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<sup>27</sup> See also the following reports for more details on the challenges faced by older people and people with disabilities who live in the camps: HI 01/2019; BBC Media Action and TWB 01/2020; J-MSNA 08/2020; REACH 10/2020; ACAPS 02/2021.

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'As we are old people, we have many problems like we can't control our body. For example, we pee in our clothes and due to that we have to change our clothes frequently, but we can't [change often] because we don't have many clothes.' **(Men aged 56+, FGD, NO02)**

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'Most importantly, we face problems with latrines because there is only one latrine available for seven to ten houses. Youth can control their urine and defecation, but we can't. We sometimes even pee and defecate in our clothes. As we are old, we can't hold it in for that long if we have to use the toilet...We also don't have a place to wash or dry our clothes properly.' **(Men aged 56+, FGD, NO01)**

For people with disabilities and their carers, transportation to and from services without money to pay for transport is very difficult and can be dangerous. Some participants said they cannot leave their shelter without being carried because they lack assistive devices. Others said they had received a wheelchair, but because the camps are very crowded and the pedestrian infrastructure is often damaged and difficult to use, the wheelchairs are not useful, especially for longer trips. This means accessing health clinics is difficult, especially when people need to visit multiple clinics to find the necessary treatment. Being unable to leave the shelter without support also means that travelling to public toilets is distressing because it requires asking for additional support from their family and can make people feel like a burden. It was also raised that discrimination against people with disabilities can impact access to services. Some carers explained that they are afraid people will tease their child with a disability, so they limit their outside activity.

Some participants said that not being able to contribute to the household or access their own assistance causes immense shame and guilt, especially for those who depend entirely on others to support them with the completion of daily tasks. People with disabilities and older people said they often feel like a burden and are shy or reluctant to ask for support from their family and from others, which results in their needs not being met.

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'When I have to go to the toilet, it's distressing to me. I think 'when will I be able to finish [going to the bathroom]' because I need people to carry me to the toilet...My sister-in-law faces so many difficulties without her husband and she needs to share her food with us. One of her sons doesn't get rations, but she still shares with my son and me. When I eat one meal from her, I feel shy to ask for another because she is also in a difficult situation. Some people came saying that they were going to register me on the [distribution] list and took my card, but still they haven't returned.' **(Woman with disabilities, KII, NL24)**

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'The latrine is far from my shelter, so I struggle to take her to the latrine. When she wants to pee or poop, we sometimes help her pee or poop by using a plastic partition so people can't see...They [humanitarians] said they would provide a latrine for us, but there is no space here for that. We face many difficulties. We even struggle to bathe her because of limited space. Because there is no space, no bathroom can be provided.' **(Mother of a young girl with disabilities, KII, TA01)**

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'Because she is blind, I try to have everything as near to me as much as possible. I struggle to help her live and manage her daily life. I cannot stay in the shelter for the whole day. I am a single woman without any support. Sometimes I have to pick up rations, sometimes I have to go to the hospital because I get sick, and sometimes I have to go to the tube well. I don't have a latrine or washroom near us. My shelter is very small and I cannot build a latrine inside my shelter. The latrines are down the hill. If she wants to go alone, then she will fall and roll down the hill. Then she will fracture her legs and hands and it will be more difficult to care for her. So I have to lead her, holding her hand. Some days back she got bruises in her leg because the roads are narrow.' **(Single mother of a young girl with disabilities, KII, TA02)**

Older people, people with disabilities, and carers suggested essential changes that humanitarians can make to ensure safer and more dignified access to services and assistance:

- Increase the distribution of assistive devices and specific NFIs, such as lighting, chairs, and clothing.
- Support households to access essential facilities such as toilets by placing them in or near their shelters.
- Provide financial support to pay for transportation and other additional needs, such as medical care.

## 2.3 INCREASED SELF-RELIANCE

Throughout the consultations, a longing to return to Myanmar was expressed and lack of freedom and opportunities to work lamented. The Rohingya want to be self-sufficient and do not want to continue to rely on assistance. Those consulted long for more control over their lives and the ability to provide for their families. The Rohingya refugees want humanitarian support for long-term outcomes that can provide them with hope for a future beyond the refugee camps. This is not a new finding; studies dating back to 2018 found that Rohingya refugees wanted to play a more active role in the response. This desire stems from more than economic gain – it is linked to dignity and self-worth.<sup>28</sup>

‘We like and we have to like [the assistance] and how it is provided because we fled our country and homes and this is not our country – so we don’t dare to raise a voice against how they provide. Even if they provide us only 250g or 125g, we have to quietly receive it because our lives are miserable and we have no way to earn money ourselves for our families. If we could earn money, then we wouldn’t want food assistance and we could serve our families ourselves.’ (Men aged 25–40, FGD, NO10)

‘As we are refugees here or have fled from another country, we have become worthless and we will remain at the level of worthlessness. Will they ever give us [Rohingya] as much salary as to their own? No. We know they won’t and we’ve never seen this happen.’ ‘Are we so worthless?’ (all participants say together) ‘There is no one [Rohingya] in a higher position.’

‘We know that they will never let a Rohingya acquire higher positions because we are refugees. If someone from our community could possess a higher position in work here, we’d be happy. But they won’t be allowed to.’ (Men aged 41–55, FGD, HU10)

Most people consulted hope to one day return to their homes in Myanmar. Many said they never imagined they would be living in camps for many years, unable to return home. When looking towards the future, the impact of three years of dependence on humanitarian aid, limited access to formal education and skills development training, and limited IGAs and other opportunities was a source of great concern. Many noted that increasing their access to IGAs and skills development training would help their families meet their immediate needs while also increasing their ability to make a positive contribution to society.

Participants said being able to generate an income would greatly reduce the daily struggle to meet their basic needs and would mitigate the use of negative coping mechanisms, potentially reducing insecurity in the camps. It would also allow them to make more choices about how their money is spent, reduce their reliance on assistance, and help in-kind assistance last longer. In 46% of male FGDs and 52% of female FGDs, participants requested increased access to IGAs and more cash distributions. Participants said this would allow them to buy essential items such as fresh food, essential NFIs, and shelter repair materials, and access medical support and education services, and would also allow them to contribute to community improvements in their block and carry out important cultural and religious events, such as weddings and funerals.

<sup>28</sup> Holloway and Fan, ‘Dignity and the displaced Rohingya in Bangladesh: ‘Ijgot is a huge thing in this world’’, Humanitarian Policy Group, August 2018.

## ROHINGYA UNDERSTANDINGS OF THEIR ROLES AND RESPONSIBILITIES

The consultations explored how Rohingya refugees perceive and understand their roles and responsibilities in the response. The research also sought to understand how they would like to take on greater responsibility in providing humanitarian assistance. Although this line of inquiry was not meant to be focused on potential volunteer roles, most participants interpreted this question as such. There were also differences in interpretation, with some discussing specific roles they think would be best suited to themselves and others referring to the Rohingya refugee population as a collective.

Potential roles and responsibilities in the response			
Main 5 answers from male FGDs	Male FGDs (n=131)	Main 5 answers from female FGDs	Female FGDs (n=66)
Rohingya refugees could fill more positions in the camps if given the chance.	73%	Making handicrafts and items such as mats and netting and sewing clothes.	65%
Educated people could fill positions such as teachers, office staff, management, and running religious studies.	26%	Taking on work that can be completed inside the house.	30%
Those who are less educated could be guards and watchmen for the facilities in different areas across the camps.	26%	Rohingya refugees as a collective could fill all major positions in the camps if given the chance as there are many qualified Rohingya.	26%
General comment that 'IGAs that are not hard labour' would be good for those who cannot perform heavy lifting or physically demanding tasks.	22%	It is inappropriate for women to work and/or they are unable to work because of childcare duties.	15%
Construction and cleaning services for latrines and showers.	19%	General comment that 'IGAs that are not hard labour' would be good for those who cannot perform heavy lifting or physically demanding tasks.	12%

The COVID-19 pandemic resulted in a reduction in services, assistance, and presence of humanitarian organisations while simultaneously increasing reliance on Rohingya volunteers to implement essential programmes. This led to an increased recognition among participants that the Rohingya are essential to service delivery. Participants in 73% of male FGDs and 26% of female FGDs said that given the chance, the Rohingya could take on many of the responsibilities related to humanitarian service provision and delivery. People also said the quality of aid would improve if more Rohingya volunteers could take on roles with greater responsibilities. This would also improve representation in decision-making, self-reliance, and the ability of the response to consult and engage with them. There was also recognition that more volunteers in the camps would reduce costs for organisations, which could be redirected to the population.



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‘Coronavirus showed us that in a way, Bangladeshi staff are not needed and it is possible for Rohingya volunteers to do all the work. We have qualified teachers here. There are also Rohingya who are team leaders working in different sectors. Are they not doing all the work? Are they not able to manage everything? They can! The Bangladeshis who come here to work are much more expensive and there are transportation and other costs too. All these costs are wasted. That money could be used for relief for us. They always act arrogantly. In a gender-based violence case, the victim should feel comfortable expressing their situation, but they do not feel comfortable in front of Bangladeshi staff because of their behaviour.’ (Boys aged 13–17, FGD, AH11)

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‘There are many Rohingya who are qualified to do the work that Bangladeshis are doing in the camp. But they don’t get the opportunity to do this work because we are stateless people. Yes, Rohingya humanitarian workers can work as supervisors and team leaders.’

(Men aged 25–40, FGD, AN01)

Male participants from older demographic groups and adult men with a disability said they could fill roles that do not require hard labour, such as making handicrafts and fishing nets. Many older men also noted that the Rohingya could fill roles like night guards and elephant watchers.

In the female FGDs, most participants said they need to be able to engage in culturally appropriate income generation. Activities that could be done inside their shelters, such as sewing clothes, weaving mats, and creating other handicraft items to sell, were requested in 65% of female FGDs. Such opportunities would enable women and girls to support their families while living in the camps and would provide them with useful skills for the future. Many women and girls specifically named sewing as something they want to learn and said they would like to receive the resources necessary to make clothes. This would allow them to earn an income and to make much-needed clothes and carry out repairs for themselves and their family. Some participants said they already had these skills and could benefit from teaching other Rohingya women and girls.

A minority of female responders expressed the desire to participate in non-traditional IGAs, such as community mobilisation or other roles that require moving between camps. Some said they want to be like the Rohingya researchers conducting the interviews.

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‘We would like to get sewing machines to sew clothes and pillowcases. We could then save more money. If they provide us with sewing machines, we could be tailors and we wouldn’t need to go to the tailors to sew clothes for 100 taka.’ (Girls aged 13–17, FGD, AL05)

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‘Humanitarians hired women like us in [humanitarian organisations] and also in the hospitals. We can do any work if there isn’t a man working with us. We can’t work with men.’

(Women aged 41–55, FGD, DK13)

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‘No, I can’t work. As we are Rohingya, I will not be allowed to work outside the home, but some women are allowed to work. I can cook and sew clothes at home.’

‘I can sew clothes and do embroidery.’  
(Women aged 18–24, FGD, DK14)

Adolescents, particularly adolescent boys, expressed frustration and extreme concern about their future because they can neither go to school nor work as they are under 18. Education was extremely important to the participants, and many said they see education as a solution to prevent continued discrimination against them and to improve social cohesion both within the Rohingya population and with the host community. They pointed out that an educated population is better able to communicate, understand, and negotiate with others. A link was also made between higher levels of education and increased access to jobs and opportunities in the camps.

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'NGOs provide different kinds of services in the camp. Many thanks to the government of Bangladesh and NGOs for their support. Our lives are being destroyed here because this is the time for studying, learning, enjoying, and freedom – but there are no opportunities for be bright in the camp...it will be worse in the future. We are not supposed to work at this age. As youth, we are only allowed to pursue our education. We are still 16–17 years old and NGO rules and regulations don't let us work. I applied for a job in an NGO but after reading my CV I was rejected because I'm 17. If I can't study, I might go down the wrong path in the future. I tried to get a job to be able to support my family.' (Boys aged 13–17, FGD, BL01)

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'As most of us have no work, if we want to do something we can't because we don't have money. That's why we just laze around other people's shops being depressed. We also leave the camps to work. Since we couldn't complete our education, what kind of job can we do!?' (Boys aged 13–17, FGD, ZU01)

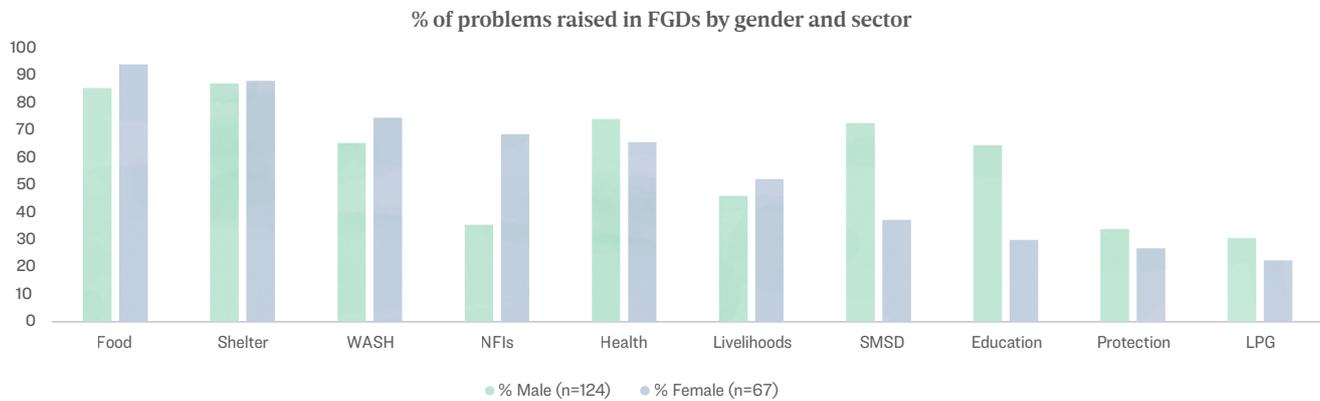
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'As we are talking about the boys of our age in camp, I have to tell you that most of the boys of our age are jobless. A few are working with humanitarians, but not most. Boys our age neither have access to education nor can they work. Most of the boys spend time running behind girls, and then get married as teenagers. To overcome this, NGOs should offer jobs depending on their respective skills. Without any jobs and education facilities, our future will be dark.' (Boys aged 13–17, FGD, ZU04)

# Summary of sector specific findings



During the consultations, facilitators asked questions about the problems people face and their suggestions to improve humanitarian assistance and services in 2021. Participants answered based on their personal experiences and what they would like to communicate to responders. The open-ended questions did not focus on any particular sector, but the analysis shown in this section is presented by sector to help responders use the findings to inform their decision-making processes.



Regardless of gender or age, participants consistently detailed similar problems regarding the Food Security, Shelter, and Health sectors. For other sectors, problems highlighted across demographic groups showed more variation. For example, adolescents and youth were more likely to discuss education needs than other age groups.<sup>29</sup> The differences also seem to correlate with how often different groups use or rely on different types of assistance and services. Those who rely more heavily on a service and use it more regularly were more likely to discuss problems and suggest changes. For example, women and girls engaged in more nuanced discussions on issues regarding water collection than men and boys, because of the challenges to dignity discussed earlier (see **Section 2.2: Unsafe and undignified access on page 34**).

Participants gave detailed accounts about how the current levels of assistance and the services available do not fully meet their basic needs and allow them to maintain dignity. They also noted that the level of support they were receiving and the amount of interaction they had with humanitarians were noticeably less than pre-COVID-19. When raising issues and difficulties, participants provided suggestions and recommendations for humanitarian organisations to adapt services to better meet their needs. Regardless of demographic group or type of issue, the most common suggestions were to:

- increase the quantity and quality of assistance provided
- improve the quality of essential services
- provide more choice so Rohingya refugees can access assistance pertinent to their household’s specific needs
- increase involvement and engagement with the Rohingya in the delivery of assistance and services
- increase the availability of IGAs or programmes that support households to become more independent and to meet their needs
- improve access to assistance and services to help maintain dignity and safety, taking into consideration the barriers faced by different demographic groups
- increase reliability and timeliness of assistance
- improve the behaviour and accountability of humanitarian responders.

<sup>29</sup> The services and assistance available at the time of consultation impacted the frequency of the issues and suggestions that were discussed. The frequency of issues raised between sectors does not reflect the overall functioning or importance of one sector in comparison to another.

### 3.1 FOOD

Participants across demographic groups expressed unwavering gratitude for the rations they receive and acknowledged that without this support they would not be able to survive. However, many participants said their households run out of food each month and there are areas for improvement that could mitigate the challenges they face around making food rations last.

To adapt to COVID-19 containment and risk mitigation measures, between April–November 2020, WFP’s general food assistance distribution was adapted from a value-based e-voucher to a commodity-based e-voucher. Rohingya refugees went from being able to select from a range of food items when it suited them to being given a pre-packed food package once a month.<sup>30</sup> Although the packages were designed based on an analysis of purchasing patterns and contained 2,300kcal per person per day, the Rohingya still faced many challenges. These included the quantity and quality of individual food items, the types of food included, the frequency of distributions, and transportation home.

Main 5 problems raised relating to food assistance	Male FGD (n=124)	Female FGD (n=67)
Food package not lasting until the end of the month	65%	85%
Unhappy with the type and/or quantity of food items included	58%	55%
Issues with the quality of food	53%	48%
Issues with accessing assistance because it was too hard to carry, there were long queues at the distribution point, or the distribution point was too far away	41%	54%
Paying for porters to carry assistance home	40%	39%

#### QUANTITY OF FOOD PROVIDED

Participants belonging to larger households said that the quantity of some items was insufficient, especially rice, oil, and spices. Households with larger numbers of adolescents and adults struggled more to make food last until the end of the month than households of the same size but with small children. When issues of quantity were raised, it was often in reference to specific items. As a solution, participants in 70% of female FGDs and 51% of male FGDs suggested an increase in rice, oil, and spices. It was suggested that other staples that cannot last the month or are not as familiar to the Rohingya be reduced. Participants also discussed food allocation per household, noting that the age of each individual in the household should be considered because households with more adults run out of food faster than those with small children.

‘Two bags of rice are not enough for a family of eight. We have to borrow ten to 20 kilograms of rice from others. Whenever we settle our debt after receiving rations, we have to borrow again. And they provide a litre of oil per person per month. It is not enough because we have to cook chickpeas, pulses, and potatoes. We also have to make breakfast with this oil.’ (Women aged 18–24, FGD, DK12)

‘The rations are not enough for families with all adult family members. It would be better to increase the rations for those families. [Before COVID-19] 800 takas came for each person on the food card. Now, they are providing rations for 800 takas for the whole month at once. For next year, we’d like to get rice for the whole month but we don’t want to take the other items all at once. We’d like to take a few vegetables at a time so that they do not rot.’

(Men aged 18–24, FGD, AH03)

<sup>30</sup> WFP, ‘WFP in Cox’s Bazar. Information Booklet’, January 2021.

## QUALITY OF ITEMS RECEIVED

Participants in just over half of all male FGDs (53%) and almost half (48%) of female FGDs reported problems with the quality of some food items. People said some food was rotten when received and some was of poor quality or old, which impacted the longevity of the ration package. They also pointed out that the switch to fixed food packages has taken away their power as consumers and their dignity because of the lack of choice, and has made it harder for them to ensure they have access to good-quality products and the right quantities of products.

In 53% of male FGDs and 30% of female FGDs, participants said they had received rotten food – mainly dried Bombay fish, potatoes, and eggs. A minority also mentioned finding stones in their rice and chillies or receiving rice that was wet and inedible. Approximately 23% of male FGDs and 13% of female FGDs also reported receiving fewer items at the distribution point than what was allocated, affecting how long their rations lasted.

In 34 male FGDs, participants said they were not allowed to check the contents or weight of items in food packages at the distribution sites because they were already sealed. They said they were told opening packages would slow down the distribution process. Some said that when they checked the contents at home and found rotten or missing items or items in smaller quantities than allocated, they were not believed by humanitarian staff when they returned and reported the issue. People also reported a lack of explanation about what they were meant to be receiving and how to report unsatisfactory food assistance. To resolve this issue, participants suggested being allowed to inspect the packages and to see the quantities of different food items on scales before accepting the packages, and to increase accountability measures for those delivering assistance.

As mentioned above, some foods – namely eggs, potatoes, and dried fish – do not last until the end of the month without rotting. Some participants attributed this to poor-quality food that is already old when it is distributed. Eggs and potatoes were said to rot within one to two weeks, leaving refugees with less food towards the end of the month.

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‘They provided fruits like apples, oranges etc. in the beginning. But now they provide rotten potatoes that are inedible. They provide fetid dried fish and people feel ill if they eat this food. They provide us with worm-eaten chickpeas and, as elderly people, we are worried we may fall sick eating those chickpeas. We can’t even check the items because they are already packed. We see the items inside the package after coming home.’

**(Men aged 56+, FGD, NO07)**

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‘The eggs that are provided rot before we can consume them all. When they give us the eggs, they seem good, but when we bring them home, they stink a lot. But we are thankful for everything that we are being provided.’

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‘They provide us with rations according to their wishes. We used to be able to choose items at the food distribution centre but now we can’t. They give us rotten potatoes, rotten onions, and lentils that we can’t cook. If we go there to exchange the items, they don’t exchange them. So, we are facing many difficulties.’

**(Women aged 18–24, FGD, DK12)**

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‘We don’t like how they delay the provision of the rations. Before, we could choose the items we wanted. Now, they provide us with rations that are already packed with the items they want to give. When we check the rations at home, we find that about half the items are rotten. When they provide 5kg of onions, at least 3kg are rotten. Ginger and garlic are rotten too. The dried fish they provide us with have bugs. When they provide 1kg of chillies, we find it is only 0.5kg of chillies when we measure them. I dislike how this assistance is provided.’ **(Boys aged 13–17, FGD, AH06)**

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‘We only get monthly rations. We don’t have money to buy groceries ourselves. Most of the items in the rations are spoiled. The chickpeas are eaten by weevils and the dry fish is rotten and contains bugs.’ **(Women aged 25–40, FGD, NL18)**

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‘The rice provided is old, so the rice becomes lumpy when it is boiled. The rice is also not of good quality... Now, the rice grains are mixed with small stones, so it is hard to eat.’ **(Women committee, FGD, MS01)**

## THE IMPORTANCE OF PREFERENCE

Participants in more than half of both female and male FGDs (58% of male FGDs and 55% of female FGDs) explained that eating the same food every day and eating less preferred foods is very challenging. They expressed frustration with being unable to choose the items they want to eat, and across all demographic groups people said they wanted more fresh vegetables, fruits, meat, rice, oil, and spices, such as chillies. Some items, such as lentils, loitta dried fish, and chickpeas are not commonly eaten by the Rohingya in Myanmar and were considered less preferable. Not all households are the same however, and in some FGDs, participants requested more lentils while in others they requested less.

Many are also concerned about their health, with participants in three male FGDs and eight female FGDs explicitly stating that eating too much of some foods, such as chickpeas, is causing diarrhoea and other illnesses. Adult women also said they struggled to get their children to eat the same food every day and they are sad they cannot feed their children their preferred foods and do not have snacks for their children.

Participants in most FGDs (82% of male FGDs and 87% of female FGDs) requested more choice and more diversity in 2021. They said being able to choose the type and quantity of the food they receive each month will help prevent them from running out of assistance and will increase levels of satisfaction and dignity.

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*'We don't like to keep eating pulses and chillies every day. That's why our husbands try to earn some money. And our children suffer from diarrhoea after eating pulses for a long time. We need to sell our rations to buy food from the market.'*  
(Women aged 41–55, FGD, NL17)

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*'They give dal in rations which we did not eat in Myanmar. We don't like it. We need to sell them for 5-10 takas, even though their price is higher in our SIM card [SCOPE card]. The big potatoes are not useful for us at all. We need to throw them away or sell them for 5 takas. They give 13–13.5kg of rice per adult. This is not enough. They need to increase the rice. They need to give us cash instead of dal so we can buy what we need from outside.'*

(Boys aged 13–17, FGD, HU04)

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*'Our children do not want to eat fish, chickpeas, and potatoes anymore. Not only the kids, we also don't want to eat that. Do we feel like eating the same thing every day? And the fish stinks. We buy vegetables from outside, but we cannot live without eating meat and fish. We sell some of the items we receive to buy chicken and fish. Don't we have to feed our kids chicken and oil once a month? Don't we have to make snacks for them? We cannot afford to buy snacks from outside – so we make them snacks in the shelter.'*

(Women aged 41–55, FGD, T004)

## TRANSPORTING THE PACKAGES

Being unable to transport ration packages home from the distribution points was a major issue in 41% of male FGDs and 54% of female FGDs. To overcome this issue, participants across demographic groups, including adult men, have had to sell part of their rations to pay a porter to carry them home. This reduces the amount of food each household has for the month and increases the frustration and dissatisfaction the Rohingya feel about food assistance, especially when some of the items are things they do not want to eat or when the food is rotten and inedible.

Participants requested more support to transport their rations home, more accountability regarding the porters, distribution points closer to their shelters or having the packages distributed to their homes, increasing the frequency of distributions so the weight decreases, and allowing families to send more than one person to collect the rations (see Section 2.1: The collection of distributed assistance on page X).

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'Now, they [humanitarian staff] just carry [the rations] out of the compound of the distribution centre and we have to manage carrying the rations to our homes ourselves. As I can't carry them myself, I need to sell a bottle of cooking oil to pay the porter. If they [humanitarians] provided us with porter support to carry the rations, we would be very happy and it would be a great help to us.' (Girls aged 13–17, FGD, NLO6)

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'I suffer a lot after the rations are released, I have nobody to carry the rations, so I have to hire a labourer and pay him 200 taka. I have to sell rice or oil to pay for this, decreasing the ration that has been provided to us for the month. To prevent this suffering, [humanitarian organisations] should provide us with labour to bring the packages to our shelter...Then we will be rid of all this suffering.' (Men with disabilities, FGD, AN10)

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"The distribution centre is too far from us. We spend a lot on transportation and labour costs. We need to hire three labourers. We are old people, we cannot carry the rations. We need to sell part of the rations to pay for the costs of transportation and labour." (Men aged 41–55, FGD, ARO4)

## STORAGE

Participants in 15% of male FGDs and 27% of female FGDs explained that receiving a month's worth of food rations at once resulted in storage issues because they do not have proper storage in their shelters to protect food from insects, rodents, and the weather (many shelters leak when it rains). The NFIs some people received one or two years ago that would help protect food are now old and broken, or are not big enough to store an entire month's worth of food. Big potatoes were commonly cited as a problem as they were allocated by weight. The Rohingya refugees explained that each potato was very large, and for them to last the month they would need to cut them and spread them out between meals. As they do not have proper storage, this is not possible and therefore the potatoes do not last the month. Many participants suggested that the frequency of distributions needs to increase, especially for perishable items. They said this would help them manage their rations throughout the month, increase their access to fresh foods, and prevent them from having to throw away rotting food.

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'As they said about dry fish, potatoes, and split peas being spoiled, which we are provided once a month. They should provide these items four times a month so that we can have good items and we will not get sick after eating fresh foods. Otherwise, half of the items have to be thrown away. They should only provide those items which are storable for a long time once a month.' (Shomaz committee, FGD, NO18)

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'We would like to change the potatoes, lentils, and chickpeas. The potatoes get rotten during the rainy season and we can't keep them for long. And the chickpeas get mouldy quickly and it takes us lots of time to cook them, which causes the cooking oil and the gas tanks to run out sooner...Humanitarians should increase the amount of rice instead of providing us with lots of potatoes and chickpeas as we can't keep them for long.' (Women aged 25–40, FGD, DK01)

Since the FGDs and the KIIs were conducted between August–October 2020, WFP and its partners have begun to switch back to value-based e-vouchers, reaching 99% of Rohingya refugees.<sup>31</sup> Based on the problems reported and changes suggested during the consultations, this return to pre-COVID-19 distribution systems will be welcomed. The difficulties and dissatisfaction raised in most FGDs and KIIs however highlight that **quality, quantity, preference, transportation, and storage** are essential to ensure adequate and appropriate food assistance that does not run out before the end of the month. This will increase satisfaction and mitigate the use of and reliance on negative coping mechanisms.

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<sup>31</sup> The remaining 1% of the Rohingya refugees are reached through in-kind food distributions.

Trade food or pay for someone to help carry food back to the shelter.



Monthly food distribution

## WHY MONTHLY FOOD RATIONS DON'T LAST

Once the food is unpacked, some of it is inedible because it is rotten or damaged.



Sell some food to repay debt from last month & buy preferred food not included in ration pack.



Shelters don't provide a safe place to store food and protect it from the elements.



When rations run out, the only option for some households is to borrow from slightly better-off friends & neighbours - meaning they begin the next month in debt.



## 3.2 SHELTER AND SITE DEVELOPMENT

Shelter and site development was one of the most discussed topics, with participants in most FGDs discussing their day-to-day struggles living in an overcrowded refugee camp in shelters that are too small for their family, lack privacy, and cannot protect them from minor weather events, break-ins, insects, or rodents. Participants also said they did not expect to be living in these temporary shelters for as long as they have, with many having initially predicted their stay in Bangladesh to be no more than six months.

These issues have been commonly reported since 2017. However, shelter conditions have worsened in the last 12 months. The reduction in shelter and site development programming and monsoon preparedness activities because of COVID-19 containment and risk mitigation measures meant activities that are commonly carried out throughout the year to maintain shelters – such as shelter improvements, repairs, maintenance, training, monsoon preparedness messaging, and the delivery of additional shelter materials – were not completed at scale.<sup>32</sup>

Main 6 suggestions by FGD participants	Male FGD (n=124)	Female FGD (n=66)
Increase lighting across the camps	34%	18%
Build stronger shelters	34%	20%
Provide more support and material to repair shelters	31%	35%
Improve pedestrian infrastructure/fix drainage/construct retaining walls	29%	14%
Provide bigger shelters	27%	17%
Increase the amount of shelter materials distributed	23%	17%

*'Living in a refugee camp is like floating algae in an ocean, they will remain here and would reach to any particular shore. If our problems are solved with the help of the international community as soon as possible, it would be great. We don't want to stay in tarpaulin shelters anymore. [In Myanmar] we did not even keep our goats in these kinds of shelters. We kept them in better conditions than what we are in right now.'* (Boys aged 13–17, FGD, AH07)

### SHELTER RESISTANCE TO EXTERNAL ENVIRONMENT

Participants in 40% of male FGDs and 73% of female FGDs explained that the shelters are inadequate because they do not provide enough protection from the weather. During cyclone and monsoon season, the shelters are prone to flooding and leaking. When it is not raining, they are scorching hot because they have limited ventilation and tarpaulin traps in the heat. These challenges have become more extreme over the last three years, with participants saying they do not receive the shelter support they need in time to make essential repairs. Many participants said that without an income, they struggle to access the materials needed to repair or make improvements to their shelters themselves. Female-headed households reported needing more support to make improvements to their shelters, in addition to the shelter materials provided.



<sup>32</sup> ACAPS, IOM, Shelter/NFI Sector and the Site Management Sector, 'Impact of the Monsoon & COVID-19 Containment Measures', August 2020.

‘By the grace of Allah, my shelter was built by an NGO. Everyone has repaired their shelters, but I couldn’t rebuild mine. Once, I received 40 small bamboos and two bigger ones with which I repaired my shelter a little bit, but now it is about to fall down. I am quite concerned about how I can repair and strengthen my shelter.’ (Single female head of household, KII, TAO3)

The inability to protect their household from the weather and the limited amount of NFIs available to mitigate discomfort were said to cause health issues such as headaches, skin rashes, and fatigue. Although mentioned across demographic groups, this problem disproportionately impacts those who spend more time inside, such as women and girls. Because of cultural and religious practices, women and girls rarely leave their shelters, so when the shelter is flooded or very hot, they need to make the difficult decision of whether to leave for their health and comfort or whether to remain inside to maintain their dignity.

‘Yes, I face problems cooking and taking care of everything for [my mother] as it is very hot inside these shelters. That’s why mom faces so many difficulties and we have headaches. When it’s noon-time our skin burns. It is extremely hot to live here.’ (Single female head of household, KII, NL26)

‘It’s very hot to live here, and water drips from the roof inside the shelter. The walls of the shelter have also become damaged. So we are facing so many difficulties to live here. We don’t have mosquito nets, and mosquitoes bite us a lot here.’ (Women aged 41–55, FGD, NL17)

‘Rainwater leaks through the roofs inside the shelter. The walls have holes and spurts of water come into the shelter from those holes. The water flows across my shelter so my children can’t sleep. The shelter is small, but the people are big. We want to widen the shelter, that’s why we are very much in need of shelter materials.’ (Women aged 25–40, FGD, AL01)

In 13 male FGDs – most of which were with boys aged 13–17 – and in six female FGDs, participants noted that tarpaulin walls leave them vulnerable to break-ins, which results in lack of sleep and increased levels of stress. Those who discussed this issue were not only concerned about their belongings, but of the safety of their family members. Adolescent girls and families with young girls were especially worried about the risk of sexual violence and said they do not know how to ensure their family’s safety without a stronger shelter.

‘Another problem is that our shelters are damaged and they aren’t strong enough for us to live in them. Our shelters were built with tarpaulin walls without bamboo. We haven’t renovated them even once after we have built them because NGOs provided us with bamboo to build our shelters only once after arriving in Bangladesh...There are robbers and rapists who enter people’s shelters to rape or take their daughters with them at night. We are very afraid of them because we have young daughters. We are so worried about our daughters that we can’t sleep at night. If NGOs provided us with strong shelters with bamboo walls, we would be able to sleep properly and without fear. It’s our responsibility to take care of our children.’ (Women aged 41–55, FGD, DK13)

‘We are afraid of the ongoing situation in the camps. We arrived here in Bangladesh after facing many difficulties and persecution in Myanmar...We don’t have anywhere to go if something bad happens here. Now, robberies are happening in other camps and we are very afraid of robbers. As our shelters are made of tarpaulin, thieves can enter easily and rob us. We are all young girls. We can’t sleep at night thinking that thieves will come to rob us. When we hear news about robberies from others we are scared. It would be very good to build our shelters with bamboo. Then we won’t need to be afraid of anyone. We will be very thankful if you will share our problems with your seniors.’ (Women aged 18–24, FGD, DK12)

Participants whose shelters are positioned at the top or bottom of a hill also voiced major concerns about landslides, expressing frustration about the lack of assistance to protect their families.

‘The problem we are facing now is that we can’t sleep well due to fear of landslides. When the rain starts, we have to wake up to save our lives and the whole family sits together.’ (Men aged 25–40, FGD, BL02)

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‘During the rain, our shelters are flooded. We need to get up in the middle of the night due to the flooding. We do not have bamboo and other things to fix our shelters. They gave us about 15 pieces of bamboo long ago. They are no longer providing any bamboo. We don’t have money to buy bamboo. Shelters are damaged and landslides are happening. No one is fixing them.’ (Boys aged 13–17, FGD, AH04)

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‘If landslides happen, the people from the NGOs will come and take pictures but they don’t do anything more than that. A landslide happened and it damaged half of my shelter. I reported this to [a humanitarian organisation], they visited my place and took pictures of it, but they didn’t do anything for me. Now I am living in a half-damaged shelter and having so many difficulties.’ (Men aged 56+, FGD, NO04)

### SHELTER SIZE

As well as the type of material that shelters are made of, many participants said their shelters are too small and do not have enough separate rooms for the number of household members. Some participants explained that when they were originally allocated their shelter materials and location, they did not select a larger space because they did not think they would be staying in Bangladesh so long; they had hoped to repatriate as soon as possible. However, it has now been three years, their household has grown, and they need larger, upgraded shelters.

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‘We have siblings and old parents. Humanitarians provide us with shelters for a family that are 8 by 10 at [hand, a unit of measurement used by the Rohingya, equivalent to 1.5ft]. I have an adolescent daughter and a mother, so how can we live in this small shelter? People are living like animals...if a family has [an unmarried] daughter, we must provide a separate room for her. If there is an adolescent boy, he needs a separate room, and when a family has old parents, we need a separate room for them as well.’ (Shomaz committee, FGD, NO28)

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‘We are facing problems with our shelter because it is very small. It is hardly four to five yards. We can’t find enough space to live. We have sons, daughters, and daughters-in-law in the family, and we all have to sleep together in one place because we don’t have enough space to sleep. We don’t have enough space for a toilet. We are provided with tarpaulins but not enough. We can’t even have a roof cornice.’ (Men aged 56+, FGD, NO01)

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‘The difficulties are that it is very hot under the tarpaulin and the shelters are very tiny – not big enough for our family. We don’t even have space to stand for prayers when someone is sleeping. Now my son is planning to get married and I don’t know where he will sleep with his bride. So, our luck is broken like this. It was Allah’s will to send us here.’ (Women aged 25–40, FGD, NL18)

### UNSAFE PEDESTRIAN INFRASTRUCTURE AND LACK OF LIGHTING

Pedestrian infrastructure was raised as a major challenge and priority area by participants in 48% of male FGDs and 25% of female FGDs. People said pathways are unsafe, especially during the monsoon season, impacting access to essential assistance and services. This was especially the case for older people, people with disabilities, people with chronic illnesses, and pregnant and lactating women. Participants in many FGDs said that although there were lampposts installed in their block, they were stolen or have since broken, so there is no light at night. This not only increases the risk of injury, but also makes it harder for vulnerable groups to safely access essential facilities without support. Lack of lighting also increases fear among community members, making them reluctant to leave their shelters at night. This results in poor hygiene practices, such as open defecation and the building of makeshift latrines in shelters.

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‘Some gangs of strangers who looked very bad came around the block at night and stole the solar lampposts one by one. They beat people very badly if anyone came out of the shelter to observe while they were stealing the lampposts...As we are afraid to leave the shelter at night, we have to fetch the water during the day, wearing a burqa because it is daytime.’ (Women aged 25–40, FGD, AL10)

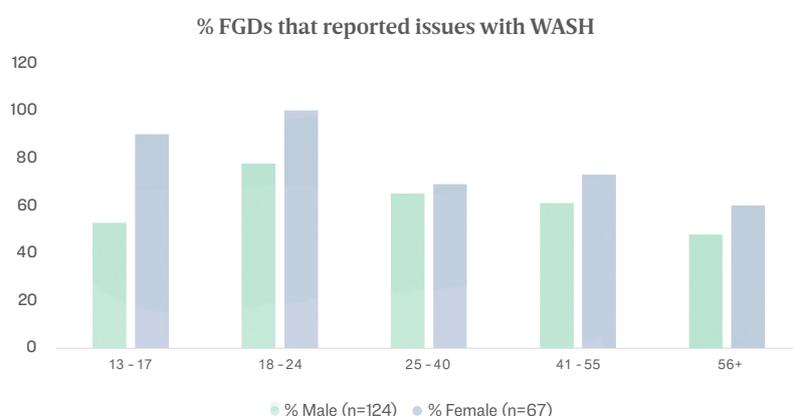
### 3.3 WATER, SANITATION, AND HYGIENE (WASH)

Participants in 75% of female FGDs and 65% of male FGDs mentioned major problems relating to WASH, with female participants discussing issues and solutions regarding water access, latrines, and hygiene items more often, while male participants discussed water quality and quantity and the number of latrines.

#### WATER

The most common suggestions to improve access to clean water were:

- increasing the number of water points
- improving or changing the water source, for example making the well deeper
- providing more consistent and easier access to water points
- making water points easier to use
- providing more pitchers for carrying water.



The main challenges raised regarding water access were that there are not enough functional water points (32% of male FGDs and 25% of female FGDs), and that water points are hard to access because of terrain and distance (22% of male FGDs and 40% of female FGDs). These findings are similar to those reported by large-scale needs assessments and WASH assessments.<sup>33</sup> Reports during the COVID-19 response suggest access became more difficult in some areas as containment and risk mitigation measures made it difficult for responders to conduct regular maintenance activities with the same speed and regularity, leaving water points unrepaired for longer.<sup>34</sup>

Participants explained that there are too few water points for the number of households that rely on them, that water points are broken, or that they only operate for a short amount of time during the day. They said this not only makes it difficult to ensure they have enough water, but when water sources are shared with or owned by someone from the host community, it causes tension between Rohingya refugees and Bangladeshis. Some participants expressed frustration about water points sometimes being turned off for multiple days without warning and without communication about when they will be turned on again. Poor weather also makes access to water points difficult, and some households are completely cut off from water when there are heavy rains, forcing them to drink from unimproved water sources.

<sup>33</sup> See the following reports: REACH 10/2018; IOM 10/2018; UNHCR, CARE and ActionAid 09/2020.

<sup>34</sup> These reports highlight COVID-19's impact on WASH facility maintenance: NPM 09/2020; ISCG, UN Women, CARE, Oxfam and ACAPS 10/2020.

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'If they give tap water for one day, they stop it for five days. There is nowhere where I can complain. If we complain about that problem, we don't get any response from them [humanitarians]. They supplied water yesterday and because it's not consistent [we don't know] when they will supply next time. It's just whenever they want. We get only two or three pots of water from the tap and that is not enough for us. When the water is supplied, everyone tries to get it first and this leads to arguments among the people who get less water. If they supplied sufficient water, then everyone could get enough water. There is a tube well beside the mosque, but the water isn't coming up from it either.' (Shomaz committee, FGD, AH13)

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'The water supply point is very far from us. We fetch water at night when people fall asleep. We have to go over the stream to fetch water. It is very difficult for us. And when it rains, we can't go to the point for water because the stream becomes full. So we have to drink impure water because we can't get fresh water from anywhere else.' (Girls aged 13–17, FGD, AL08)

'My wife got injured while she was carrying water from up the hill. Now, she is in bed and can't walk. I am having hard time for her treatment. There are also many elderly women who are facing the same difficulties as her. Families with adolescents...can carry water at least. But the elderly face many difficulties fetching water.' (Shomaz committee FGD, AH15)

Women and girls are more likely to collect water, and therefore female FGD participants discussed more nuanced issues regarding water collection.<sup>35</sup> Women and girls explained that it is not only difficult to reach the water points given the hilly terrain and long distance, but travelling through the camps to an overcrowded water point can be dangerous and being seen by men to be carrying water pitchers on their hips is undignified. Since the beginning of the response, water collection has been continuously raised as one of the tasks women feel least safe undertaking.

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'We face many problems with water because we have to fetch water from very far away. There is no protection for us on the way to the water point, so we feel unsafe and insecure.' (Girls aged 13–17, FGD, AL05)

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'If the tube wells were near shelters, it would be easy for women to fetch water and avoid males from outside. During the day, men can go to use the toilets or fetch water, but women cannot.' (Boys aged 13–17, FGD, AH05)



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<sup>35</sup> The following assessments also report the gendered nature of water collection: Oxfam 08/2018; REACH 05/2019; UNHCR, CARE and ActionAid 09/2020.

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'We shouldn't carry water by putting [the water pitchers] on our waist in front of men. Our bathroom is inside the shelter because I have young daughters. We carry water from the tap passing men. It's sinful if men see us. We perform five times our prayers and recite the Holy Quran. It would be better if water [came] through pipes to our area.' (Women aged 56+, FGD, AL07)

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'We have only one tube well and it is damaged after we used it for only two to three days. When the tube well is damaged, we have to go down the hill for water because our shelters are at the top of the hill and the water tank is down the hill. This is exhausting and sometimes we feel back and waist pain because we carry the water up and down.' (Women aged 25–40, FGD, AL10)

Women and girls said they collect water at specific times of day to avoid crowds. This seems to differ depending on the area, but it is commonly at night, which comes with its own share of risks. Some water points are only turned on for a couple of hours each day, which increases crowding and does not match the time when women and girls prefer to collect water. Many female participants also said that fetching water is very physically demanding and often causes backpain, headaches, and physical injuries.

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'Another problem is that the water doesn't come at night, but we can't fetch the water in the daytime. We would like to get the water in the evening.' (Women aged 25–40, DK05)

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'The water source is far away from where we live so it's troublesome for us to fetch water from down the hill. The water suction line of the tube well that was provided to our block is not long enough to reach the water source so we have to pump very hard to get water. Even young people find it hard to get water out of the tube well.' (Women aged 56+, FGD, SN06)

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'It has been three years since we came here but we still have not received [water] pitchers...My shelter is at the top of the hill and the tube well is at the bottom. It is difficult to go up and down for water.' [multiple participants speaking together] (Women aged 56+, FGD, T003)

## HYGIENE AND SANITATION

The need for more gender-segregated latrines and bathing facilities was the most discussed improvement across demographic groups. This would reduce crowding and long lines, increase dignity, safety, and cleanliness, and reduce the distance that people need to travel to go to the toilet and bathe. This has been reported as a priority since the onset of the emergency.<sup>36</sup>

The lack of safe gender-segregated latrines and bathing facilities close to shelters was a major issue for women and girls, who detailed having to make difficult trade-offs between going to the toilet during the day, when men can see them and they risk their reputation and dignity, or going at night, when there is limited lighting, they could slip and injure themselves, and there is a higher risk of rape or assault. It is not only the segregation of the facilities but the lack of privacy around the latrines and bathing areas that makes it challenging for women and girls. Female participants reported skipping showers and delaying going to the toilet when there are people, especially men, gathered near these facilities.

In 2020, IOM found an increase in households that constructed private, makeshift bathing spaces inside or attached to their shelters. The mixed methods assessment found that the primary interconnected drivers of this increase were safety and security concerns, privacy and dignity, and the desire to adhere to cultural and religious values that require the segregation of females and males.<sup>37</sup> Supporting each household to build private facilities is difficult however, because of a lack of space and the need for adequate waste management to prevent run-off into neighbouring shelters.

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36 Similar results can also be found in the following: CARE 10/2017; Oxfam 08/2018; Oxfam 09/2018; UNHCR and REACH 11/2019; J-MSNA 10/2019; NPM 09/2020; UN Women, CARE and Oxfam 05/2020, 10/2020.

37 IOM Needs and Population Monitoring Unit, 'Bathing Facilities Assessment', July 2020.

For the Rohingya, adequate gender segregation is more than just designating some toilets for males and some for females. The mere presence of men in and around such facilities complicates access for women and girls. Other adaptations have been investigated and highlighted in past reports and include consulting women and men when developing modifications, improving lighting, installing full-height doors, obscuring exits and entrances, covering soakaways,<sup>38</sup> increasing security, and establishing community-based protection mechanisms and ensuring community involvement.<sup>39</sup> Much more also needs to be done to ensure existing facilities meet Sphere Standards and to ensure the right of women and girls to live with dignity.<sup>40</sup>

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'We face challenges going to the toilets because we can't use them during the day. Even if we urgently want to go to the toilet during the day, we need to wait until it is night. If we go to the toilets during the day, men stare at us and scandalise us. They allege that we talk to boys and that we are bad-mannered. They humiliate us and blemish our dignity. Therefore, we can't use the latrines during the day.' **(Girls aged 13–17, FGD, AL05)**

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'We cannot go to the toilet because it is very far from us and many people see us when we leave the house. [To get to the toilet] we have to cross a road where many men gather in the daytime. It is a big challenge and problem for us to use the toilet properly. We want to have easy access to toilets, particularly for girls of our age.'

'We have many problems going to the toilet because we feel scared when many men see us while going to the toilet outside the house. If they see us outside the house, they tease us very much. So, we feel very afraid of losing our dignity.' **(Girls aged 13–17, FGD, AL08)**

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'We are afraid to go to the bathroom because men are there. Sometimes, our mothers need to accompany us to the bathroom. We cannot bathe regularly and we feel sick because of that.'

'It is embarrassing that we are getting white patches on our skin because we cannot bathe regularly.'

'In this area, there are only two bathrooms for about 40 households.' **(Girls aged 13–17, FGD, NL12)**

The lack of gender-segregated facilities also results in women and girls lining up for extended periods of time, until there are no men who wish to use the facility or access the service before them. This means women and girls need to stand in the sun for long periods of time, often heavily covered (as mentioned earlier) and at risk to their dignity. These long waits can result in self-defecation or wetting themselves and are especially challenging for smaller children.

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'If a man is using the latrine, we have to wait at the door until he comes out. Another man wants to enter there when he comes out. It's impossible to keep ourselves from peeing or defecating. People get dirt on our clothes when they come out. When [a man] comes out after spending as much time as he wants inside, another man can enter. Many people come and queue. We wait in the queue since dawn and then it reaches 10 or 11am when other people start to walk down the road by our shelter. That's why we have to go to use the latrine while wearing a burqa.' **(Girls aged 13–17, FGD, AL11)**

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'The main challenge we face in this block is with toilets. We have to go far away to use the toilet. It is a big challenge for us when we need to go to the toilet because we need to pass in front of men. When our children need to use the toilet there is a man inside and we need to wait for a long time. Sometimes the children can't avoid defecating where they stand.' **(Women aged 25–40, FGD, AL10)**

38 A soakaway is a deep hole used for drainage, where rainwater and other wastewater from bathing facilities drains directly into the ground. In the context of the Rohingya refugee camps and gender segregation, covered soakaways allow for more private washing of menstrual hygiene materials.

39 Oxfam, 'Women's Social Architecture Project: Phase 1 Final Report', September 2018.

40 Key action number 1 from 'Excreta management standard 3.2: Access to and use of toilets' is: 'Segregate all communal or shared toilets by sex and by age where appropriate'. See the Sphere Handbook 2018 Edition.

Accessing latrines and bathing facilities is difficult for people with mobility challenges, such as some people with disabilities and older people, especially if the facilities are far away. Some also struggle to ask family members or carers to support them to the toilets because they feel like a burden. People with disabilities, carers, and older people said accessing toilets is distressing and undignified for them and their families (see **Section 2.2: Unsafe and undignified access on page 34**), and that sometimes accessing toilets is not possible, so makeshift toilets are built in or near their shelters. When they do access latrines, the lack of adapted facilities means people with extreme mobility challenges need to be lifted onto the toilet, which is difficult for the carer. These findings reflect existing findings about how the needs of people with disabilities and older people have been largely overlooked and unmet.<sup>41</sup>

Participants in 17% of male FGDs and 12% of female FGDs also asked for more resources to be committed to the maintenance of latrines, especially desludging. They said their latrines are out of order for long periods of time because they are not desludged when full. Previous assessments show that poor maintenance of latrines is a commonly reported concern and is linked to overcrowding.<sup>42</sup> During the COVID-19 response, the drawdown of humanitarian staff and switch to critical programming only resulted in increased reports from Rohingya refugees and Bangladeshis that latrines and bathing facilities were not being maintained.<sup>43</sup>

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‘I want [our WASH agency] to be changed. It is responsible for the cleanliness of latrines. When we inform them of a latrine with full pits, they come one or two months later. Until they come, the latrine pits overflow and people struggle with bad smells. That’s why we don’t like it.’ (Boys aged 13–17, FGD, AH11)

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‘The toilets are damaged as most of them are full and not useable. Those toilets contain only four or five toilet rings.<sup>44</sup> The rings fill and become dirty quickly as there are too many users per toilet. NGOs are building new toilets in other blocks which have 20 rings. If they construct that kind of toilet here, it will be better for us.’ (Shomaz committee, FGD, NO24)

Widespread social and cultural taboos and stigma impact how women and girls learn about their periods, their access to and awareness of necessary menstrual hygiene management (MHM) products, and how they manage their periods in the camps.<sup>45</sup> During the pandemic, the increased presence of men in the shelters because of COVID-19 containment and risk mitigation measures impacted the ability of women and girls to safely manage their periods. Some reported not being able to wash and dry their menstrual cloths at home anymore, which resulted in reusing wet menstrual cloths, despite the risk of infection.<sup>46</sup> During consultations in this study, women and girls also said they struggle to find a socially appropriate and hygienic place to dry their reusable pads.

Participants in 23% of female FGDs said MHM kits are the most helpful and important type of assistance they received, and participants in 16% of female FGDs said there are not enough activities that support MHM. Some also said they would like to receive more MHM items and reusable underwear, which are more appropriate and adapted to their needs. Others said the reusable underwear they received does not fit them or is made from a material that is uncomfortable.

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41 House, ‘Strengthening the humanity in humanitarian action in the work of the WASH sector in the Rohingya response’, March 2019.

42 REACH, ‘Water, Sanitation, and Hygiene Assessment: Dry Season Follow-up’, May 2019.

43 IOM and ACAPS, ‘4 Months of COVID-19 programming restrictions’, COVID-19 Explained Edition 8, August 2020.

44 ‘Rings’ refer to the concrete rings used to create a latrine pit. The more concrete rings (slabs) a pit has, the more capacity the latrine has to hold waste.

45 REACH, ‘Water, Sanitation and Hygiene Qualitative Assessment: Findings on Menstrual Hygiene Management Needs’, September 2019.

46 See ISCG, UN Women, CARE, Oxfam and ACAPS, ‘In the Shadows of the Pandemic: The Gendered Impact of COVID-19 on Rohingya and Host Communities’, October 2020.

'It's been six months since we got any clean cloths for our periods. They're useless now and we have to dry them inside as we're not allowed to do so outside. Hence, they don't dry properly. When we wear those damp cloths, we suffer from various diseases.' (Girls aged 13–17, FGD, TO02)

People also said they need more choice and more hygiene items distributed based on household size. Many participants noted that soap was particularly helpful to receive but that they need more because it is used both to wash their clothes and to bathe.

'15 pieces of soaps are given whether there are three people, five people, eight people, or ten people in a family. The soap is not enough for me...Humanitarians don't make adjustments based on the number of family members. We are eight people in my family and I used to get two packages of soap. There were 60 pieces of soap in a package, so we used to get 120 soaps. Now, we get 15 soaps which run out in 15 or 20 days. We have to buy them for 50 taka and we have to go to buy soap door-to-door, asking people to sell us soap like beggars.' (Women aged 25–40, FGD, AL01)

### 3.4 NON-FOOD ITEMS (NFIs)

**An increase in the distribution of essential NFIs such as clothes, mosquito nets, sleeping mats, lights, and fans was continuously requested by most participants, especially female participants, as well as more predictable and regular distributions.** People explained that although they were given NFIs when they arrived three years ago, many are now broken or damaged by insects and rodents, harsh weather, and overuse. Because they have no income, they cannot replace them. Many also said they share essential items because they were not given enough for their entire household. This is particularly the case for sleeping mats, mosquito nets, and clothing, which contributes to challenges around access to services, health, household cohesion, and dignity. The need for NFIs was raised more by women than men.

Main 5 requested essential NFIs	Male FGDs (n=124)	Female FGDs (n=67)
Clothes	46%	76%
Sleeping mats and blankets	50%	64%
Mosquito nets	39%	58%
Fans	29%	58%
Lighting	32%	43%

#### FREQUENCY AND TIMELINESS OF NFI DISTRIBUTIONS

Participants often connected a lack of NFIs with anxiety and distress for the upcoming winter season and the change of seasons more generally. Not knowing whether humanitarians have plans to distribute NFIs in time to keep them warm during the winter or to withstand the heat and rain of the summer makes it very difficult for the Rohingya to plan. A common request was for a regular NFI distribution cycle; for example, one to two distributions a year before the change of seasons and where households can choose the NFIs they need. This will reduce anxiety and help mitigate the use of negative coping mechanisms – such as selling rations, borrowing money, and selling labour in advance – that households commonly employ to acquire NFIs.

'As winter is approaching, we are going to face many health problems because we have to sleep on bare concrete floors. We don't have money to buy necessary clothing. The clothing, mosquito nets, and blankets provided by the NGOs initially have now deteriorated and are not useable. We don't know who to share our difficulties and problems with.' (Men aged 56+, FGD, NO05)

Different demographic groups have different needs and priorities regarding NFIs. Women and girls were more likely to discuss clothing, lighting, and cooking utensils than men and boys. They explained that without modest and culturally appropriate clothing such as burqas, veils, and umbrellas, they cannot leave the shelters (**see Section 2.2: Unsafe and undignified access on page 34**). They also spend more time inside the shelter, and therefore have more need for items such as fans in the summer because the shelters become so unbearably hot that it can make them sick.

Participants in 42% of female FGDs, particularly those over 18, requested specific cooking utensils. This was unsurprising given the gendered division of labour in the household. They noted they had received cooking utensils when they first arrived in Bangladesh in 2017 and 2018 but said these items had since broken because of overuse. Many said they hope to choose the clothing and cooking utensils they need. Women also raised the lack of mosquito nets as a major concern as they are unable to protect their children and their family from insect bites and diseases like malaria.

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'We have received mosquito nets and blankets only once since we arrived, so we need to have those things. It has been more than three or four years, so we need those things again.' (**Shom-az committee, FGD, AN11**)

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'We were never provided with cooking pans, pots, and lota [a round small water pot]. We don't even have plates to eat with.' (**Women aged 25–40, FGD, DK05**)

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'At first, we were provided with a mat and mosquito net, but those were torn and impossible to fix. My children are now falling sick due to bites from bugs. We don't have any source of income and we don't have the money to buy all these things.' (**Men aged 25–40, FGD, BLO3**)

The need for clothing, sleeping mats, mosquito nets, and items that help maintain quality of life was also raised in FGDs with both male and female participants between the ages of 41–55 and 56+. Participants explained that clothing is essential to help transition between the seasons because they are very sensitive to changes in weather; they need blankets and warm clothes during winter and fans during summer. Older people openly discussed the need for spare clothing to change into when they do not make it to the toilet in time (**see Section 2.2: Unsafe and undignified access on page 34**). Older people also requested assistive devices and items such as chairs, raised beds, walking sticks, and eyeglasses.

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'NGOs used to provide us with clothes and we are very thankful for them. But it's been more than one year that we aren't getting any assistance like before, except food. These days, they just provide us with underwear and some normal clothes for monthly use which isn't necessary for us. The most important thing for us is clothes to cover our bodies. For example, if I step outside my shelter, people will see me. So I need clothes to be able to avoid people's sight.' (**Women aged 41–55, FGD, DK13**)

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'As the floors are cement and winter is at hand, people our age are facing problems sleeping on these cold floors. We suffer from various diseases, such as swollen legs, so it would be good for us [old people] if they can provide us with something to keep us warm while sleeping on the floor.' (**Men aged 56+, FGD, SH02.OT**)

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'As winter is coming, we are asking for blankets and warm clothes. Many people are in extremely vulnerable conditions and they will be affected by the upcoming cold season. We don't have clothes to wear or proper food to eat.' (**Men aged 41–55, FGD, HU03.OT**)

The need for more assistive devices was also continuously raised by people with disabilities and their carers to support their access to essential assistance and facilities, movement within the shelter, and their ability to leave the shelter and interact with their community. Some carers and some people with disabilities explained that without assistive devices, they need to be carried which gravely impacts their ability to access services, the health of the carer, and the dignity of the person with disabilities. Some key informants said they had received assistive devices that have since broken because of overuse, or the devices that they received are not appropriate in the camps.

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'Another mobile latrine was given, but I can't have her sit on it as she falls off it. We are in need of a latrine, and we don't have space here for a bathroom...The mobile vehicle we received earlier was useful as we could place her on it by calling women from [the neighborhood] or her sisters-in-law as two people are needed to lift her from both sides in order to sit on the vehicle. When I see her sitting on it, I feel happy.' (Mother of a girl with disabilities, KII, TA01)

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'People came and gave her a wheelchair. We cannot use the wheelchair here because the camp roads are not good and are crowded, and children disturb her.' (Mother of a young girl with disabilities, KII, NL22)

Lack of lighting inside the shelters is another major problem and a priority in 32% of male FGDs and 43% of female FGDs. Many people said lack of lighting inside their shelter makes it difficult to navigate safely inside and outside, prepare and serve food, and protect food from rodents. Women and girls also said they need handheld lights as they often prefer to access facilities at night to avoid men and boys (see Section 2.2: Unsafe and undignified access on page 34). Lack of lighting outside the shelter is also a major security concern, with many saying it compounds fears of insecurity. Lighting was more frequently raised as an essential need by older demographic groups (45% of FGDs with those aged 41–55 and 70% of FGDs with people 56+), because they often need to go to the toilet at night and already have trouble moving around the camps and their shelters during the day. Lack of lighting puts them at risk of serious injury. The same issue was raised by people with disabilities and their carers.

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'If a person needs to go to the toilet while we are eating supper at night, they need to take the only light we have to the toilet and we need to wait in the dark with a half-eaten meal. Sometimes, rats come and eat our meals. There is no light in the block.' (Boys aged 13–17, FGD, AR07)

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'Our block has 183 households. Elderly people can't go to the toilet at night. When they go there, they fall and get hurt. They [elderly people] have to pray Maghrib [evening prayer] and Esha Salat [night prayer] at home. The darkness scares us.' (Men aged 56+, FGD, NO07)

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'We are facing a lot of problems without lights inside the shelters, so we need solar. We also wish to buy a battery and solar light but can't afford it. We have small children at home so not having electricity inside these tarpaulin shelters has been a problem for us. We need fans, lights, batteries, and solar.' (Men aged 41–55, FGD, HU10)

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'They should provide us with mats, baskets, mosquito nets, solar panels, and batteries. Now, it is very dark inside the shelter, so we can't do any housework comfortably nor can we pray properly. Before, they provided mats and other assistance per family unit and not according to the number of family members. They should provide assistance according to the number of family members in the future. They should also provide us with utensils.' (Women aged 25–40, FGD, AL10)

Having to share mosquito nets and sleeping mats and being unable to sleep in separate rooms were flagged as being embarrassing and difficult. Some people said they feel like animals, unable to maintain socially acceptable practices.

'We thank them for the mosquito net we received. But they provided one mosquito net to a family that has ten members and one mosquito net to a family with two members. Because of Coronavirus, the government is asking us to maintain distance. If we sleep in different places, we will need separate mosquito nets. Otherwise, mosquitos will bite us.' (Men aged 56+, FGD, BL10)

This is an issue particularly for households with adolescents and/or with a newly married couple who cannot move into their own shelter. Some participants said they have attempted to manage this problem by using sacks, clothes, and other items as sleeping mats so different household members can sleep in different spaces. Discussions with older women (21% of FGDs with those aged 56+ and 10% of those aged between 41–55) detailed challenges around praying (salah) in the shelter as they have neither enough private space nor the required prayer mats and prayer beads. Being able to worship is incredibly important, and research conducted in 2018 found that being able to carry out important religious practices, such as praying five times a day, is linked to dignity<sup>47</sup>.

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47 Holloway and Fan, 'Dignity and the displaced Rohingya in Bangladesh: 'Ijjot is a huge thing in this world'', Humanitarian Policy Group, August 2018.

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'I have an adult brother in my family as well as a small one [young child], so we face many difficulties living in these small shelters. There are two rooms in my shelter, one is the dining room and the other is the kitchen. As we are girls, we have to sleep in the kitchen and the grown boys sleep in the dining room. In the kitchen, rainwater leaks from the roof and there are spurts of water when washing and cooking things. When we sleep we have to spread sacks first and then mats over the wet floor. But the boys can sleep with only the mats.' (Girls aged 13–17, FGD, AL11)

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'We cannot wear the clothes we want because our family is very big. The problem is that the shelters are the same size for all the families. If I want to pray at night, I cannot. I need to wake up the children from their sound sleep if I want to perform the prayer, otherwise I can't do it.' (Women aged 41–55, FGD, NLO8)

Women between the ages of 18–25 and hijras requested cosmetics and items that help them express themselves and take pride in their appearance. Younger men also said they feel embarrassed because they cannot present themselves neatly and with nice, non-damaged clothes. They said they think other people, especially the host community and humanitarians, judge them for their appearances and look down on them for not being able to dress appropriately, impacting their sense of self-worth.

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'They don't provide us with clothes, cosmetics for our make-up, etc.' 'We need clothes, cosmetics, fragrances, hair oils, slippers, etc.' 'We need cosmetics more than a woman.' (Hijra aged 18–24, FGD, NO25)

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'We need burqas and umbrellas to go somewhere to receive rations. We have not got these. If a woman doesn't have a burqa, she can't go quickly. If she doesn't have an umbrella when it rains, she gets soaking wet. Young girls and elderly people are in need of a burqa. Even an 80-year-old woman should wear a burqa...These things should be asked to be given next year...We also need shoes [for slippery terrain]. The young girls need mirrors, combs, and other cosmetics to beautify themselves.' (Women aged 25–40, FGD, ALO1)

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'We have so many problems. We are six sisters in the family and we can't get married. We can't buy clothes. We want to wear nice clothes, but we can't and also we can't beautify ourselves. When we first arrived here in Bangladesh, humanitarians provided us with clothes but we couldn't wear them because they were Bangladeshi dresses which we don't know how to wear. They should have provided us with Burmese dresses.' (Women aged 25–40, FGD, DK01)

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'Our lifestyle has completely changed now. Before, we could wear pants and fine clothes and we could access education. Now, everything has changed. We were respected by people, but now, no one respects us because we don't have money in our pockets. People even call us broke one.' (Boys aged 13–17, FGD, AH05)

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### 3.5 HEALTH

Participants in 51% of male FGDs and 21% of female FGDs asked humanitarian organisations to increase the quality and number of services and treatments available at health clinics across the camps. Access to quality healthcare is extremely important to the Rohingya, with many selling assistance to seek alternative medical support and expressing concern about a future without access to improved medical services. Increased access to good-quality treatment for diabetes and other non-communicable diseases and diseases such as Hepatitis C was also commonly mentioned as being critical, along with better quality diagnostic equipment so there is less need to refer people to clinics outside the camps.

Participants asked for longer opening hours and more 24-hour clinics, with transport support for emergency cases. They said that knowing there is a service available to help them in case of a medical emergency outside clinic hours would be extremely reassuring. Many are worried that if something urgent happens at night, they will not be able to get themselves or a family member to an available clinic, which could be fatal.

'Once, we admitted a woman for delivery. They told us in the meeting that block Mahjis have to report for the delivery. The volunteer women and the staff told us to give them our mobile numbers. When we called the volunteer woman at 2am, she said they couldn't admit the pregnant woman for the delivery. They referred her to [a humanitarian organisation], and [that organisation] referred us to another health facility. In the end, the child was born half-way between the facilities and the child didn't survive. All health facilities have an ambulance, but they didn't send her by ambulance. The child died because they didn't send her in an ambulance. We are very upset about it. We took her from one hospital to another by tomtom<sup>48</sup> and the child died in a Tomtom.' (Shomaz committee, FGD, NO18)

Main 5 problems relating to health services			
Female FGDs	Female FGDs (n=67)	Male FGDs	Male FGDs (n=124)
Perceived incorrect/ineffective treatment	48%	Perceived incorrect/ineffective treatment	61%
Poor behaviour of staff at clinics	34%	Poor quality consultation with doctors	35%
Long wait lines at clinics	31%	No medicine available	32%
Medicine prescribed not available	30%	Long wait lines at clinics	27%
Poor quality consultation with doctors	25%	Medical problems not treated at the clinics in the camps	22%

Many assessments have highlighted how Rohingya refugees commonly go into debt or sell essential assistance to seek out informal health services in the camps or in private clinics outside the camps.<sup>49</sup> Participants in 74% of male FGDs and 66% of female FGDs highlighted the different problems they face when seeking medical support from humanitarian clinics, which has led to their overall dissatisfaction with the clinics. In particular, FGDs with older people and FGDs and KIIs with people with disabilities and their carers discussed problems and dissatisfaction with health services.

The most commonly discussed issue was that people felt they received the wrong medicine or medicine that did not solve their problems. This came up in 61% of male FGDs and 48% of female FGDs. A common perception is that paracetamol is prescribed for most issues. A contributing factor to this perception and to the mistrust of medical providers was poor medical consultations. There was confusion about why doctors do not examine patients with equipment and how medication is prescribed without a physical examination. Some participants also explained that the use of tablets as opposed to injections was unfamiliar. Lack of explanation from doctors on these issues compounds negative perceptions and mistrust.

Suggestions for increased quality of healthcare were also made by those with medical issues that could not be treated at the humanitarian clinics. Some were told to seek support outside the camps, which not only costs money but requires CiC approval in order to leave the camps, which can take days and is difficult for some. Some participants said they want services similar to those that are available in local clinics to be made available to them in humanitarian clinics.

48 In Bangladesh, *tomtoms* are electric auto rickshaws.

49 For more information regarding health-seeking behaviour, see the following reports: ISCG, 'Multi-sector Needs Assessment', 11/2020; IOM and ACAPS, 'COVID-19 Explained Edition 6', 05/2020; ACAPS, 'Health behaviours & COVID-19', 04/2020; WFP, 'Refugee influx emergency vulnerability assessment (REVA)', 04/2020.

'The treatments they provide us are not convenient for us. At [a humanitarian organisation's clinic], they only provide basic treatment. There are no facilities for emergency treatment. According to the rules of Bangladesh, we can't go to private clinics outside the camps. Sometimes, we need to go to Chittagong for treatment, but we can't afford it because we don't have any work to earn money. Many people die because they're not getting proper treatment. If they provide treatments to us for serious diseases, it would be very helpful. For example, the price of a course of medicines for Hepatitis C is 75,000 taka. How can we earn that 75,000 taka without an income? Because of the lack of proper treatment, a number of diseases are increasing day by day, and Hepatitis C is spreading from one person to another. So, we recommend that they provide us with good health facilities where we can get proper treatment for every kind of disease like jaundice, TB and others.'

**(Boys aged 13–17, FGD, ZU01)**

Transportation support for people with disabilities, older people, and people with chronic illnesses was also a priority need. Having to visit many clinics to find one that can support them is burdensome, and accessing clinics outside of the camps is very expensive and difficult. Participants said that because they face challenges with transportation, they often go without the medical care they know they need.

'I was waiting in the queue with [my daughter]. Just before my turn came, my daughter had a seizure and it became a very difficult situation for me...The hospital staff put water on her head and took her clothes off. They dried her with a towel. Then, they told me to go to another hospital. They should have given me their vehicle or sent their people to come with me to take my daughter to [another clinic], but they just sent me alone. I had only 20 taka with me. I went to an old Mahji's house nearby. My daughter's clothes had fallen somewhere when I was carrying her. She is very heavy. The Mahji gave my daughter some clothes and helped reduce her seizure. A young man told me to take my daughter to a clinic, but I told him that the hospital told me to take her to another hospital.

They were an old lady and a young man. They took a Tom-Tom and invited me to get in. When I was getting out of the TomTom, my daughter and I almost fell under a truck. If I had not laid down with my daughter on the seat of the TomTom, the truck would have hit us. Those two did not let me pay for the TomTom. They paid for me. Then, I went to the hospital. By then, my daughter's seizure had stopped. I put her on the seat and I waited in the queue. It was becoming evening. Before my turn came, I threw away my token and I returned home. I had to pay 100 taka for the vehicle home. If they had given me a person to accompany me, it would not have been so difficult.'

**(Mother of a girl with a disability, KII, NL22)**

Issues around poor staff behaviour at the health clinics were raised more in female FGDs than in male FGDs. In fact, when men and boys discussed poor staff behaviour, they noted that women and girls are more likely to experience poor behaviour from staff than they are. Participants said support staff at clinics often yell at patients and speak to them rudely while they wait in line. This makes it difficult for patients to confidently engage with those working at the clinics, especially when they need to explain health issues which are sometimes sensitive in nature. Poor behaviour combined with a lack of explanation during consultations contribute to the overall distrust of health clinics. Women and girls are already apprehensive and uncomfortable about having to access crowded public services, so if they experience rude and disrespectful behaviour they may be more inclined to seek assistance to seek alternative treatment instead.

'There is a guard who is an elderly person from the host community. He scolds and verbally abuses the patients and also misbehaves and pushes the women patients in the hospital. The doctors and nurses also joke with each other, using their cell phones in the hospital. After one and a half hours of us waiting, they only provide us with one or two paracetamols. They don't test or check the patients. Paracetamol won't work for a patient suffering from stomachache, headache, fever, body ache, or jaundice.'

**(Men aged 25–40, FGD, BLO3)**

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'Bangladeshis scold and speak roughly. I saw an old man in a clinic who wasn't able to wear the pressure measuring thing properly and the clinic person was scolding him a lot, saying the Rohingya do not know anything.'

'Bangladeshis say that the Rohingya are bad people and that is why we had to flee to Bangladesh. We need to wait in long queues in the clinics.'

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'First, you should do something about the difficulties we face at the clinics, where women have to wait in queues just beside the road without anything to eat or drink for the whole day. We cannot tolerate any more difficulties at the healthcare centres. The volunteers there misbehave with us all the time and don't care about why we are there. They just do whatever they want. After many hours of waiting there, if they are in the mood to talk to us, they give us some paracetamol. They don't even check our blood pressure. Both Rohingya volunteers and Bangladeshi staff scold us at the clinics.' (Women aged 41–55, FGD, NL17)

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'We see foreigners from a distance only and we never meet them. We do not know what the translators tell them. Once, I went to a clinic for white patches on my skin. There was a foreigner there and a Bangladeshi translator translated what I was saying. She was laughing at me, saying different things. I felt so embarrassed.'

(Girls aged 13–17, FGD, NL12)

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'No, they don't treat us politely. In fact, they scold us and don't let us get in the health post. They don't provide us with medicine according to our illnesses. And if we ask them about this, they tell us to buy medicine elsewhere. Sometimes, they make us wait in line for a very long time and then tell us to come back the next day. Whenever we go to the clinics, the people there act like the disease will pass to them and that's why they don't touch or speak with us. They provide medicine only when they want to. Sometimes, they don't even provide medicine.' (Women aged 25–40, FGD, DK01)

Participants in 5% of female FGDs detailed being denied entry into clinics or being unable to fill their prescriptions because they were seeking health support and medicine for both themselves and another family member (generally their child or an elderly family member). They explained that staff say the clinics are not allowed to support two members of a household during the same visit, regardless of the illness. Participants said they understood the rule was put in place because responders think the Rohingya refugees lie about their illnesses so they can receive additional medication to then sell or to stock the informal health services. This assumption is seen as very offensive and hinders effective access to care because people are not given the chance to prove that they are actually sick and need medical support. The Rohingya must therefore either go without or travel to another clinic.

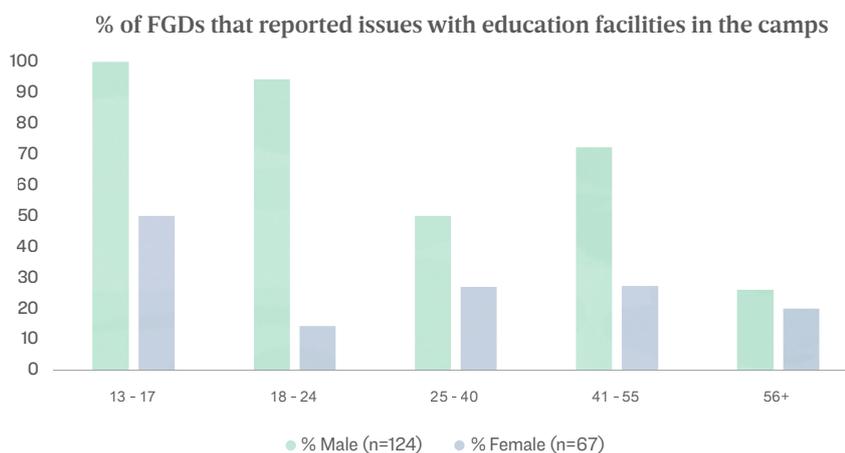


'When we go to the health clinic, we are discriminated against and treated badly by the security guard and other staff. We are respected by them only when their senior officers or foreigners are there...When they [higher officials] aren't there, they shoo us away like dogs. They don't even let us enter.' (Women aged 25–40, FGD, DK15)

'We need money the most. This is because elderly person [mother] can't enter into the hospital at Zuhur [afternoon prayer, around 2pm] even after she waits in the queue since early morning. People who have relatives working there can enter but we have to come back because we don't know anyone there. After coming from there, she gets more serious. So, we have to take debts for the treatment from private doctors, which become hard for us to reimburse.' (Single female-headed household, KII, DK17)

### 3.6 EDUCATION

Participants in male FGDs between the ages of 13–17 (83%) and 18–24 (72%) spoke most about the need for improvements to existing education opportunities in the camps. This was also discussed at length in 65% of FGDs with Shomaz committees (n=20), who expressed grave concern about the lack of quality education in the camps and how this will impact the future and behaviour of the next generation.



Despite temporary learning sites (TLS) currently being closed, most discussions centred around more than simply reopening the TLS. Participants spoke about education from a more holistic perspective, looking at education services over the last three years. The most requested improvements were to:

- improve the quality of the education provided
- improve access to formally recognised classes, especially for adolescents
- teach the Myanmar curriculum using Rohingya teachers, including sessions on Burmese language and Rohingya culture
- expand learning opportunities and literacy classes for adults, especially women.

Regarding younger male Rohingya refugees, participants in 68% of FGDs with boys aged 13–17 and 63% of FGDs with men aged 18–24 placed immense importance on humanitarians providing high school opportunities that are formally recognised outside the humanitarian system, while also improving the quality of education currently provided. Many explained that it is not just about the skills and knowledge that education provides, but also the future opportunities that completing formal education allows. Many said that when they return to Myanmar, they will need to repeat years of schooling if they have not continued with the Myanmar curriculum. This is necessary for them to be able to access the same array of jobs that those with a formal education can. Men aged 18–24 also mentioned wanting access to skills-building and adult education to provide them with the practical training necessary to access livelihood opportunities beyond unskilled labour.

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“Education should be accessible for adolescents. We heard that there is a plan to teach the Myanmar curriculum. But we don’t think it will be happening, we think there’s no permission to do that. Education should be prioritised. We can survive if half the rations are reduced but education should be given...For the children our age, education is the main problem. There is nothing more important than education for us. We do not have access to it. There is nothing else to do except study. If we don’t study, there will be no future for us except holding the tail of an ox. The schools should have different classes.” (Boys aged 13–17, FGD, AH11)

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‘That’s why the students are struggling to learn and understand what they are being taught. The small kids in our community are growing up without formal education. When they grow up, they will misbehave with their elders and teachers due to this lack of education. The young generation is the foundation of a community, and if the foundation is not good, what will the future of that community be? Even now, they don’t know how to communicate and how to behave with others.’ (Boys aged 13–17, FGD, ZU04)

When education access in the camps was raised, it was discussed with concern, frustration, and sadness because participants linked education with their future. Many mourned the education they had access to in Myanmar. There were also some noteworthy examples detailing the struggles people faced trying to complete self-study in their shelters during the COVID-19 response. They said lack of lighting, limited guidance, uncertainty about their future, and insecurity all impacted their ability to complete their studies.

‘Let me share my personal experience. Once I was studying at midnight in my shelter. My shelter is beside the road. When I went out to urinate after studying, I saw a group of people walking across the road. When they saw me, they stopped walking and stared at me. I was afraid and returned to the shelter. They were scary and I felt threatened by the way they looked at me. Since this incident, I haven’t been able to study because of anxiety. Like me, many other boys my age may be facing different problems. Many different activities are happening in the camp, like drug smuggling, looting, and so on. In fact, the camp’s situation is not stable at all. This affects boys our age. This is the time for us to acquire knowledge, but there is no possibility of doing so. We have goals, but it’s not possible for us to reach these goals due to the lack of facilities in the camp. In Myanmar, there was systematic education but here there is nothing for the boys and girls of our age.’ (Men aged 18–24, FGD, ZU04)

There is a common perception among the Rohingya that the education provided in the TLS is of poor quality because children are taught to play rather than provided with a structured curriculum where students move up levels as they attain new knowledge. This perception is also linked to the overwhelming preference for Rohingya teachers over Bangladeshi teachers because people feel Bangladeshi teachers in the camps are not invested in the improvement of Rohingya children and therefore just let them play.<sup>50</sup> Rohingya teachers who teach the Myanmar curriculum are preferred. Participants in 37% of male FGDs across different demographics, and in half of all consultations with Shomaz committees, said the quality of primary and secondary education was a source of concern and frustration. These findings reflect previous findings which outline a preference for Rohingya teachers, the Myanmar curriculum, and private informal education in the camps.<sup>51</sup>

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‘Adolescent children from 12 to 18 years old are not getting proper education in learning centres. The education system is very weak. The Rohingya teachers working in those learning centres might have studied until matriculation or less than that. They are trying to teach whatever they know. But the Bangladeshi teachers don’t even know English. It would be better if there were no Bangladeshis in the learning centres. I am not finding any work of Bangladeshis in learning centres because teaching Bengali [curriculum] is also illegal here. The Bangladeshi teachers sit idle and the Rohingya teachers also have to teach English.’ (Boys aged 13–17, FGD, AH11)

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50 It is important to note that the current rules and regulations set by the Government of Bangladesh for humanitarian operations in the camps do restrict the roles Rohingya teachers can play in the classroom.

51 Olney, Haque and Mubarak, ‘We Must Prevent a Lost Generation. Community-led education in Rohingya refugee camps’, PRIO, 2019.

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'There is a teacher who teaches us well and takes 500 taka monthly. If you build a school and give him a salary, he will teach us well. He can also manage other teachers for the school, and they will teach us well. These teachers from Myanmar are good.'

'Rohingya teachers should replace the host community madams. Host community teachers don't teach well. Rohingya teachers try to teach well because we belong to their community. Host community teachers keep talking on the phone, leaving us in the middle of the lessons.' (Boys aged 13–17, FGD, AR07)

Participants in 44% of male FGDs between the ages of 41–55 and 60% of FGDs with Shomaz committees also discussed improvements to the education that is currently provided. They also want more support for religious education, such as salaries for Imams and materials and support to build madrasas.

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'Our children have not been able to be educated since we arrived here. Our children are going astray (gumrah) because of a lack of education. If it continues like this, our generation will be blind. We won't be following an Islamic path and we will be blind as well. We won't have anywhere to stay. We need schools and madrasas to be open again. So, we hope to receive that in future.' (Shomaz committee, FGD, AN11)



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'I have a solution to the challenges raised by the three of them about education. In every block of each camp, there are degree holders and teachers who have passed matriculation from our community. It would be better if NGOs hired them to teach systematic, basic education in the learning centres. If NGOs give them salaries, they will teach us. We can even learn in our shelters. If it's not possible in our shelters, we will try to find another place in our block. We want to study.' (Men aged 18–24, FGD, ZU04)

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'It is very difficult for the mullahs to teach here in the maktab. We need to pay the mullahs 50 or 100 taka, otherwise they don't teach. Who is going to teach someone else's children for free? We need three mullahs in the maktab. We need to give rice or cooking oil to the mosque mullahs to teach our children, so the rice is not enough for us. If the NGOs could help us pay the salaries of the mullahs, it would be good.' (Men aged 25–40, FGD, ZB06)

Education was not discussed as often in female FGDs, even with girls aged 13–17. Participants in only 19% of FGDs with women and girls suggested changes or solutions regarding education, compared to participants in 53% of male FGDs.

Access to education for girls was raised in only two of the nine FGDs with girls aged 13–17 and two of the seven FGDs with women aged 18–24. This does not mean that women and girls have fewer problems, are happy with what is currently provided, or think it is less important. It is more likely a reflection of gendered expectations and roles because of sociocultural norms. This difference in education access between boys and girls was also seen in Myanmar.<sup>52</sup> When education was brought up by female participants in this study, they explained that having to travel to school is a major barrier.

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52 Zafari, 'Education in Emergencies: Programming for Cultural Education and Revitalization Programmes for Stateless Rohingya Refugees in Cox's Bazar, Bangladesh', April 2019.

'We cannot go outside. We stay in our small shelters all day. We studied grades 3–6 in Myanmar and we cannot continue here. You [the researcher, a woman] are successful because you are educated. We want to be like you, but we cannot study here in the camps.' (Girls aged 13–17, FGD, NL12)

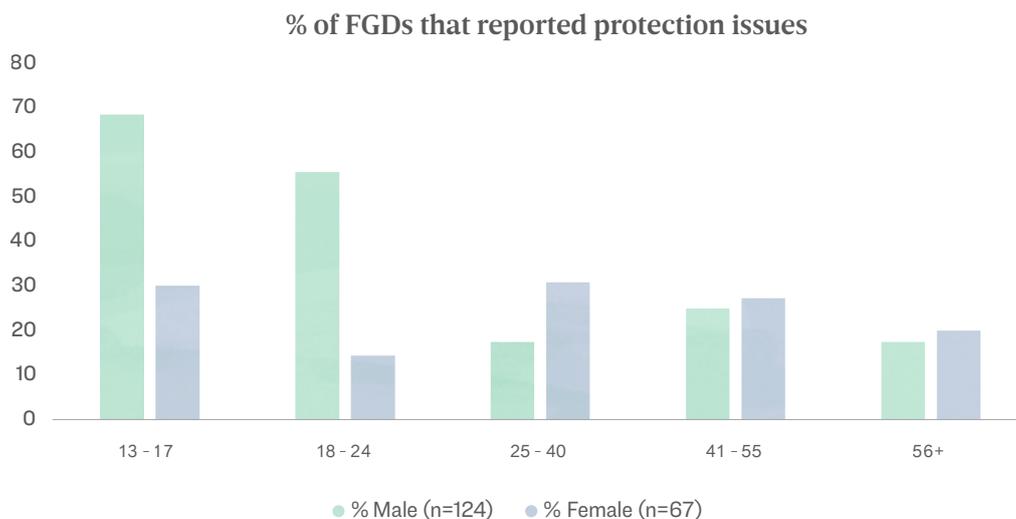
'They should appoint teachers to teach us at home. There are many girls who couldn't study in Myanmar and they also can't study here because they are adults now. NGOs should help us get an education, but we can't go far away to learn. They have to teach us in our shelters, gathering four or five girls. Now, we can't even write our own name. If humanitarian agencies ask us to sign something, we can't because we don't know how to do a signature. If we were educated at least until grade 2, we would be able to write our own names and would be able to do signatures.' (Women aged 18–24, FGD, DK12)

Additional support to pay for private tutors was a priority for more people in female FGDs than male, with older women with children more likely to say they struggled to find money to ensure their children have access to good quality education. The women who discussed this were more often talking about their male children – because for girls, upholding purdah (the seclusion of girls and women from the sight of men) and ensuring their safety are the main priorities.

'Our main problems are income-earning sources for our husbands and formal education for our children. If we had an income, we could spend the money to support our children's education. We could hire a private teacher to teach them, but now we can't because of financial difficulties. In our Rohingya community, every single person's life is being destroyed more day by day in the camps because of a lack of income and formal education.' (Women aged 25–40, FGD, NLO3)

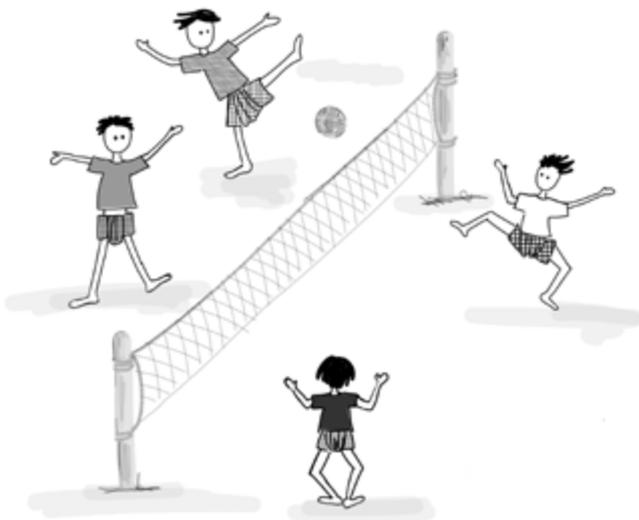
### 3.7 PROTECTION

Insecurity, theft, tensions with the host community, corruption, kidnapping, limited freedom of movement, human trafficking, limited security presence, and the lack of dispute resolution mechanisms and protection services were all raised as major problems in the camps. As the consultations were recorded and used open-ended questions to explore all aspects of Rohingya life in the camps, the frequency with which protection issues were raised is unlikely to represent the true scale of issues and their prevalence.



Main 5 solutions regarding protection issues	
Male FGDs	Female FGDs
<ol style="list-style-type: none"> <li>1. Effective security services operating 24 hours a day to prevent criminal activity and increase feelings of safety and security.</li> <li>2. Provide a safe space for people to play, engage in recreational activities, and spend time with their friends.</li> <li>3. Provide more support focused on improving social cohesion with the host community, such as increasing the aid given to the host community, implementing programmes on conflict and peace resolution, and communication.</li> <li>4. Provide reliable, fair, accessible, and safe complaint and dispute resolution mechanisms to report issues and hold people accountable.</li> <li>5. Freedom of movement inside and outside of the camps so people can safely visit their relatives in other camps and access services outside the camps, without being blocked by the authorities and without fear of punishment and risk of extortion.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide lighting and clothing such as burqas, long dresses, gloves, veils, and umbrellas to protect women while they access services and assistance.</li> <li>2. Effective security services operating 24 hours a day to prevent criminal activity and increase feelings of safety and security.</li> <li>3. Provide a safe space for people to play, engage in recreational activities, and spend time with their friends.</li> <li>4. Provide reliable, fair, accessible, and safe complaint and dispute resolution mechanisms to report issues and hold people accountable.</li> <li>5. Run more programmes for women in their shelters or in safe spaces in their blocks, and provide more delivery support to the shelter so women do not have to leave the house.</li> </ol>

Lack of freedom of movement, corruption, fights with the host community, and a lack of safe spaces for recreational activities were frequently raised by male participants between the ages of 13–17 and 18–24. Being able to move freely through and across camps and have a safe space to play sports was extremely important for boys and young men, with many expressing sadness and frustration that there is nowhere safe for them to spend time with their friends. Many said that because there is no place to play in the camps, they have tried to use sports field or open spaces in the host community. This was not appreciated by the host community however, and they said they are commonly yelled at and chased away. They also spoke of being harassed and beaten up by members of the host community when they go to local stores or while they are walking along pathways that are also used by the host community. There was a very real sense of fear of the host community and frustration and hopelessness about the level of impunity they perceive the host community has. They also expressed frustration about the lack of reliable protection mechanisms and security services to report their safety concerns and incidents to.



‘There is no playground in the camps. If we go to the playground near the local community to play football and if our ball falls in their compound, they cut the ball with a knife or they take the ball inside their house. If we ask for the ball, they chase us with knives.’ (Boys aged 13–17, FGD, AH10)

‘We cannot live well here because police beat us. If schools were provided, we would not walk around local Bangladeshi areas. We would be rather playing at school. At noon, children don’t have school to go to, so they go to local Bangladeshi areas. The locals arrest children, blaming them for stealing their fish and extorting money from the families of the children. Recently, locals extorted 2,000 taka from my brother-in-law and his neighbour.’ (Boys aged 13–17, FGD, AH04)

'Earlier, we could stay outside our shelters until 10pm, but now we are not allowed out after 8pm. If anyone is found outside the shelters after 8pm, they will be punished. The other day, we were at a shop and they came and seized our cell phones. They also kicked, slapped, and fined the shopkeepers and released them after getting 2,000 or 2,500 taka. We can't even afford five taka, how are we supposed to pay such fines? People who can afford it get away with these things. But those who cannot, they have to endure these abuses.' (Boys aged 13–17, FGD, AH07)

Corruption was raised by participants in 23 male FGDs and seven female FGDs across demographic groups and locations. Participants who discussed corruption were mainly referring to bribery. They explained that to access some services and assistance, people must offer money to authorities in the camps and to humanitarians. Some participants explained that when men submit their CVs for potential volunteer and cash-for-work positions with humanitarian agencies, people are only hired if money is included in the application (see Section 3.9: Income-generating activities on page 73). This amount needs to be upwards of 10,000 BDT. Some said that because those who are hiring make money off this process, they sometimes delay hiring to restart the process and collect more bribes so those who do get the jobs are often hired only a month or so later. People also said that those who pay bribes to humanitarians and volunteers at the distribution centres get better-quality shelter materials and food rations.

Participants in many FGDs with adolescent boys and youth said that beatings and acts of violence by camp authorities were common. People are often accused of committing crimes they did not commit or are harshly and inconsistently punished for breaking rules such as being out after curfew or collecting firewood. They said these ad hoc rules are commonly enforced through the confiscation of property, such as mobile phones. People are then asked to buy back their confiscated property and/or are charged extortionate fines. Participants also highlighted the lack of accountability in the camps, which results in high levels of impunity for those in positions of power and leaves the Rohingya refugees with no one to maintain law and order in the camps.

'Honestly, without permission from the Mahji we can't even repair our shelters. He asks us for a bribe of 2,000 to 5,000 taka for his permission. Only some people with income sources from abroad can afford to repair their shelter, but those who are poor can't repair their shelters.' (Men aged 41–55, FGD, NO09)

'Road construction is always going on here and corruption is prevalent in that. Many old and young men are jobless only because they cannot bribe employers. He [the worker] does not have even 5 taka to pay them because of poverty. So how can he pay 500 taka to them! Eventually they don't give work to our workers.' (Men aged 41–55, FGD, SH05)

'The host community robs us of our money and beats us without any reason when we are returning from the market. We do not understand why. Our solar panels and lights were stolen by the host community. Our Rohingya community will never steal those things because those were provided for us.' (Men aged 25–40, FGD, BL03.0T)

'No, humanitarians don't include us in decisions about aid. And sometimes when the volunteers come to distribute us the soap bars, they take ten to 20 taka from us. If we don't pay them then they don't give us the soap bars.' (Women aged 25–40, FGD, DK01)

The presence of traffickers and gangs in the camps who kidnap children and adults for financial gain was also discussed. Participants said they are living in a state of fear and hopelessness, and many feel helpless to prevent such things from happening. The prevalence of human trafficking in Cox's Bazar district is high, especially in Teknaf. It is difficult to gauge the scale of the issue, but there are many anecdotal reports of kidnapping and attempted kidnapping. Those most at risk include young children and adolescents.<sup>53</sup> Since the onset of the pandemic, there has been an increase in reports of human trafficking as people were pushed to rely on increasingly extreme coping mechanisms, and the shifting priorities of humanitarian responders and authorities to COVID-19 risk mitigation and containment measures meant a reduction in protection services.<sup>54</sup>

53 IOM, 'Human Trafficking Snapshot: Bangladesh', September 2018.

54 IOM, 'Joint Statement on the Eradication of Human Trafficking in Cox's Bazar (World Day against Human Trafficking, 30 July 2020)', July 2020.

'When children go outside to play games, they [traffickers] show them money. Some boys escaped from the traffickers' hands in Cox's Bazar or Chittagong and then came back to the camps. The victims of human trafficking are little boys and men. They deluded the men with offers of work and jobs abroad. Then, they tie the people up and demand money.'

(Boys aged 13–17, FGD, AH06)

Participants in the four FGDs (two male, two female) conducted in Teknaf all raised serious protection issues, such as kidnapping, criminal activity in the camps, and struggling to pay rent to the host community. Those paying rent detailed exploitative and unstable arrangements where the landowners can ask for as much money as they would like. They also noted that the amount they are required to pay has been increasing over the last year. They asked humanitarian agencies to help them negotiate rent payments, help them pay their rent, or provide them with more IGAs. They also provided detailed personal stories of incidents of kidnapping, where children taken by criminal groups were not released until a ransom of 10,000 BDT or more was paid. Those who managed to secure the release of their children said the children had been beaten and injured. To mitigate the risk of having their children kidnapped, they limit their movements around and outside the camps. The deteriorating security situation in Teknaf has resulted in many households wanting to be relocated to Kutupalong-Balukhali Extension.

'He has to pay 800 taka for his shelter as his family is big and his shelter is big too. Families with fewer members have to pay 400 taka. Some potatoes, chickpeas, Super Cereal, and oil are given as payment. Even though these things are necessary to eat, we sell them for the rent. We can live if we don't consume oil, Super Cereal, or chickpeas. We are eating poor meals when we could be eating decent ones because we have to pay the rent at any cost. If we don't pay the rent, then we would not be able to stay here.'

'The landlords don't agree if we delay rent payment by one or two days.' (Men aged 56+, FGD, AJ02)

'My son was kidnapped this past Eid. Seven friends were roaming around but unfortunately, they were caught by the group who stole all the money they had. Afterward, [my son] was beaten with a steel rod. His whole body was swollen and turned dark. They called us and demanded 5 lakh taka [500,000 taka] as compensation. I asked where I could get that much money. I was crying and screaming because I had no way to free my son. Later, a kind-hearted old man told them that these boys are good and they have never engaged in any bad activities. Then they released him. His arms were swollen. One of their hits is equivalent to 15. Don't you think this is difficult for us? There didn't used to be kidnappings because government armed forces used to stay here. But now it has increased because they are not here. That is why people are moving to another place, car by car, and day by day.' (Women committee, FGD, MS01)

Female participants were less likely to raise issues such as corruption or insecurity in the camps and more likely to talk about feeling unsafe when travelling to or using different services. They also spoke about the lack of lighting in the camps at night and how insecure and susceptible to break-ins the shelters are.

Women aged 25–40 and 56+ were the only ones who raised violence inside the home as a major problem; this was raised in five FGDs. It is likely that domestic violence was not openly discussed in most FGDs because the consultations were recorded, and women tended to be more uncomfortable with expressing themselves openly when being recorded. The women who did raise this provided alarming examples of dispute resolution mechanisms used in the camps to resolve domestic violence. These commonly involved the woman being prevented by camp authorities from divorcing her husband and having to go back to live with the perpetrator to 'work it out'.<sup>55</sup> They often linked domestic violence directly to polygamy and financial hardship.

<sup>55</sup> The process of the informal justice system and challenges for women are detailed in: IRC, 'Access to Justice for Rohingya and Host Community in Cox's Bazar', February 2021.

‘For instance, my son was getting divorced because his wife didn’t want to stay with him. Nobody here could resolve this issue. We took the case to the CiC and he asked the girl whether she wanted to stay with my son. She answered negatively. Then he arranged the separation for them, upholding the interests of both sides. If the fight is huge and there is harm or hurt, CiC admit the injured person to hospital for treatment. Later he tries to convince them to live together. Then he tells the Mahji that if they continue to fight, he’ll make sure that they don’t get rations anymore. When the couple in question came to know this, they became scared and tried not to fight anymore.’ (Women aged 56+, ALO9)

Despite many assessments and reports discussing the risk of child marriage increasing because of the economic impacts of the COVID-19 mitigation and containment measures,<sup>56</sup> child marriage was not commonly discussed by the Rohingya refugees in this study. Instead, men and women all expressed distress, embarrassment, failure, or shame about their inability to facilitate marriages for their daughters while they are of marrying age because of a current inability to afford the dowry. Young unmarried women also expressed similar concerns around marriage and what would happen to them if they are unable to get married, such as who will support them long term. A minority of adolescent boys expressed concern about being forced to marry young and how this would impact their freedom and future if they want to pursue their education. Boys and young men would be hard-pressed to refuse marriage if their families are able to find a bride with a dowry, because the economic situation is so dire.

‘[A humanitarian organisation] had a project where they did awareness sessions with every demographic group. They used to work [to combat] early marriage [and on] child protection and counter-trafficking. Suicide attempts are decreasing because of them. They used to hold meetings with boys of our age and provide us with snacks. They used to make children of our age happy. Their project has finished now. We want that project back so that we can stay happy. Boys of our age are getting married here now. [The humanitarian organisation] used to provide awareness about child marriage. They used to tell us to get married according to Bangladesh law, at the age of 21. Now, children are getting married at the age of 17 but our community doesn’t understand. When [the humanitarian organisation] left our camp, child marriage increased. This is a big challenge for us.’ (Boys aged 13–17, FGD, AH06)

‘This girl is getting old and if we had money, she would have got married. Like her, many other girls are maturing and getting old enough to marry. When the younger girls mature, the older ones cannot get married because people will be teased that they have become too old. Because of financial problems, many women are not able to get married nowadays. If we can pay 20,000–40,000 taka, then we will get married.’ (Girls aged 13–17, FGD, NL06)

In KIs with single female-headed households, women revealed that they were exposed to high amounts of sexual and gender-based violence. They also struggle to access protection services because they have limited social networks and support within the household, and are reluctant to seek public services because this involves leaving the house, being seen by men, and having to interact with people they consider to be of higher social status than themselves.

‘It is difficult without men. If someone abuses me, I have no one to defend me. I have no one to go to if I need to bring something.’ (Single female-headed household, FGD, DK17)

‘I feel afraid to go because I am alone. I face so many problems living in the camp because I am a single woman living alone in a shelter. People bully me whenever I go to the distribution centre. I am so worried and depressed because of all these things. I feel ashamed to go out for these reasons.’ (Single female-headed household, FGD, NL25)

Hijra participants said they would like humanitarians to provide more training and education to the wider population to improve people’s understanding and acceptance of people from sexual and gender minority populations. This would reduce the amount of discrimination they currently face in the camps. They explained that people who are uneducated are more likely to perpetuate discriminatory behaviour. Some participants said this will never change, however. They also requested a safe, anonymous, and effective reporting mechanism through which they can report incidents of discrimination because they do not feel that one currently exists.

56 See the following report: Child Protection Sub-Sector, ‘Child protection risks during COVID-19’, September 2020.

‘We want to have a law where people will be punished if they misbehave towards people like us [hijras]. It should not apply to younger children, because actually they don’t understand why they are misbehaving, but the adults do understand and they misbehave with us on purpose and encourage their kids to do so too. When we went to complain to the CiC, they wouldn’t resolve our problem.’

‘Many times, people like us were beaten. Once, someone like us was walking on a road at night with makeup on and some men beat her and injured her head.’ (Hijra, FGD, NO25)

### 3.8 LIQUEFIED PETROLEUM GAS (LPG)

Issues regarding LPG were consistent across demographic groups and a high-priority subject for participants in 31% of male FGDs and 22% of female FGDs. Without a consistent supply of LPG, they cannot feed their families or boil water. Participants in one-fifth of male FGDs (21%) and around one in ten female FGDs (9%) requested the quantity of LPG distributed to each household monthly to be reassessed and increased for larger households. They also requested increased regularity in distribution cycles and improved communication about when distributions will be and when delays may occur. This would allow households to plan and ensure that their supply lasts between distributions (see Section 2.1: The collection of distributed assistance on page 31).

Problems with LPG	Male FGD (n=124)	Female FGD (n=67)
Not enough LPG to last the month	32%	22%
Difficulties collecting LPG	20%	18%
Stove not working	1%	0%

The main issues raised were that LPG runs out before the end of the month and distributions are irregular and often delayed, making it hard to ration the gas to last the month. Shomaz committees expressed the most concern. Participants in 14 FGDs with Shomaz committees (out of 20) highlighted that LPG does not last until the next round of distributions because larger households in their communities need more than what is distributed. When there is a delay in distribution, households need to look for alternative sources of cooking fuel, such as collecting firewood, buying from smaller households, or selling rations. Participants who needed to collect firewood when their LPG ran out said it puts them at risk of beatings and violence from the host community (see Section 3.7: Protection on page 67).

‘When the gas is finished very quickly, we sometimes borrow from the neighbouring houses for a couple of days. Sometimes, we sell some food items we received, then we manage the gas somehow, trying our best.’ (Shomaz committee, FGD, ZB01.OT)

‘The gas cylinder is insufficient for large families for one month. It finishes before the month ends. These families face difficulties with gas. It would be better if we got the gas cylinder for a shorter period.’ (Boys aged 13–17, FGD, AH02)

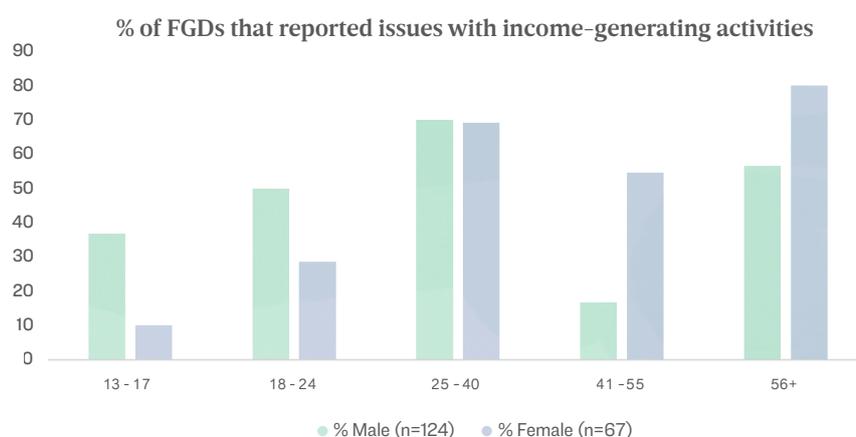
‘The LPG provided is not enough to last a full month and it is not refilled on time. If the gas runs out two to three days before the distribution, they won’t provide us more before the distribution time. If the gas runs out, we don’t have any way of collecting wood for cooking. If we go to the mountain to collect wood, the host community won’t allow us to and sometimes they beat us.’ (Shomaz committee, FGD, AH13)

### 3.9 INCOME-GENERATING ACTIVITIES (IGAs)

Participants in 46% of male FGDs and 54% of female FGDs continuously discussed the need for more IGAs. When assessing existing IGAs, they commonly suggested improving monitoring systems, protecting those selected for roles from unfair dismissal, and better communication regarding selection processes. These measures would reduce corruption and increase transparency and fairness (see Section 3.7: Protection on page 67). There were also calls to increase pay for different IGAs to better reflect the complexity of the positions and the qualifications required. Female participants said they need more culturally appropriate IGAs.

The biggest challenge raised by most participants, regardless of demographic group, was that there are not enough IGAs available. This was commonly discussed in relation to a desire for increased self-reliance (see Section 2.3: Increased self-reliance on page 38). Those who had engaged in IGAs in the past said these opportunities are often short term and ad hoc, with individuals working only a couple of days a month or less, especially for unskilled labour. This makes it very difficult for households to plan and make financial decisions such as improving their shelters or saving money for essential needs, such as food or healthcare.

Because there are few opportunities to participate in IGAs and these opportunities are not consistent across the camps, getting a position is highly competitive. Participants in 16% of FGDs with men and 3% of FGDs with women expressed frustration and concern with selection processes. From these FGDs, the biggest problem consistently reported across locations and demographic groups was that those in a position to support the hiring process (for example, people with contacts within the NGOs or people involved in the hiring process) put forward their own relatives, or people are hired if they can pay bribes (see Section 3.7: Protection on page 67). Some



male participants also detailed incidents of unfair dismissal. They described paying for their volunteer positions but being fired shortly after so that those in charge of hiring can restart the process to collect more money from potential new applicants. Participants felt powerless to fix this and said that in many cases, the camp authorities or humanitarians involved in the selection process are also involved in handling complaints.

‘Someone paid 1,000 taka to them and he received work for 10–12 days and then got sacked. Others paid 500 taka, and they gave them work for seven days and they got sacked too. Then they appoint new workers like that and take bribes from them again. There are workers who are paying bribes to get work – those who can’t don’t get any work.’ (Men aged 41–55, FGD, SH05)

‘Yes, I have been trying to join a certain job since last month but the Mahji told me that I will have to pay at least 5,000 taka as a bribe to get that job. How can I pay that much money! That’s why I am not able to get the job.’ (Women aged 18–24, FGD, DK06)

'They haven't hired moderately educated people as volunteers; rather people with less education are hired. For example, they get a 5,000 taka salary and they were hired because they managed to bribe 10,000 taka. The educated person did not bribe, saying that he did not want a job that required him to pay bribes. This is why the educated remain unemployed.'  
'He is a man of dignity. So why would he pay a bribe to get a job? Those jobs are below what he should make as well.'  
(Men aged 41–55, FGD, HU07)

It was also mentioned that hiring volunteers from one block to work in another was unfair and confusing. Participants did not understand why people from their own block were not given the opportunity to work. They said they would prefer that people from their own block are hired to work in their own areas, because they believe they will do a better job if their families also benefit from their work. They also said this would improve social cohesion.

'If anything is to be done in this block, then people from this block should be hired...They bring people from another block when people here suffer a lot and don't have money...We will not be dependent on anyone if we get to do the work ourselves. We face difficulties when we don't get any work to do. We were not given the chance anytime earlier to complain about it. But today we are able to do so.' (Men aged 25–40, FGD, BL09)

Pay discrepancy between Bangladeshi humanitarian workers and Rohingya volunteers was discussed in 17% of male FGDs and 10% of female FGDs. This is considered unfair and demoralising, especially for educated Rohingyas who are as capable as their non-Rohingya counterparts but are paid substantially less. Participants repeatedly pointed out that Rohingya refugees are unable to hold decision-making positions that would empower them to have more say in how their needs are met. These frustrations were amplified when participants discussed interactions with non-Rohingya personnel who they believed were not doing their jobs properly or were disrespectful.

'Rohingya have a sharper brain and they worked in high positions in [a humanitarian organisation] and in different NGOs in Myanmar. As we are in a refugee camp, we are not given that prestige and honour anymore. For example, there is a person in our block who used to work at [that humanitarian organisation] and he was provided with transportation facilities because he was very qualified then. But after coming here, we have been denied all these facilities despite being qualified. They are prevented from showing their qualities.' (Men aged 18–24, FGD, AN05)

'Rohingya volunteers don't earn much money, but the Bangladeshis get a big salary like 75,000, 100,000, or 200,000 taka per month. All these jobs can be performed by Rohingyas as there are highly qualified people among us. Maybe it was not possible before for us to do this work, but it is possible for us now.' (Boys aged 13–17, FGD, AH11)

Participants in 26% of female FGDs expressed a need for more appropriate IGAs that consider their need to stay close to home and fits with their household chores and childcare duties. When asked to identify the types of roles they would like to participate in, most women said sewing and other activities that can be done inside the home (see **Section 2.3: Increased self-reliance on page 38**). As income generation is considered primarily a male role, and because there is so little work available, some said they would prefer for work to be provided to their husbands first and then, if there are IGAs that they can do inside the home between childcare and other duties, they would be happy with this. Some women and girls said that working was not an option and is against their and/or their families' beliefs.

KIIs with single female-headed households revealed much more desperation around, and importance placed on, IGAs. They explained that they are the sole provider and their households are entirely reliant on them to meet their basic needs. They were therefore more inclined to say they would be willing to do any type of work, regardless of the social consequences. This included roles that require working alongside men or carrying out manual labour, such as construction.

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'We cannot work or perform any responsibilities like them [men] because we cannot leave our shelters. If I were to get any home-based work, such as tailoring and drawing, I could sew clothes while staying at home. Then, we could earn some money working from home.' (Girls aged 13–17, FGD, NL16)

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'We can't perform that kind of work. We can't work because we are not educated. We don't even know how to write our own names. In other blocks, men are getting the chance to work but in our block, no one is getting the chance to work. If you want to provide jobs, it would be better to provide them to the men in our block. Women from our block don't go out. We don't even like going out for rations.' (Women aged 25–40, FGD, DK11)

## 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. Engaging more openly and genuinely with Rohingya refugees would foster trust and empower them to become more involved in decision-making processes relevant to them. Many Rohingya said it is hard for them to trust humanitarians when they are not involved in decision-making processes, when they see no results after reporting issues, when some responders behave poorly, and when humanitarian assistance and services do not fully meet their needs and are provided in culturally inappropriate ways.

*‘Yes, we like how they provide assistance. We believe that they provide it in a good way, but the matter of fact is that the donors are trying a lot to send the assistance for us but the person in charge of the distribution doesn’t provide us with much. They provide us with less than what the donor has sent. We think we are receiving one-third of the total assistance.’*  
(Men aged 56+, FGD, NO08)

To better understand how to improve trust in humanitarians, the question ‘Do you have any suggestions about how humanitarians should work with, speak to, and treat Rohingya so that there is better trust and relationships between them and people of your age?’ was asked in all consultations.

Main 6 suggestions related to trust building	Male FGD (n=122)	Female FGD (n=60)
Regular and consistent engagement and consultations with different demographic groups to build a trusting and cooperative relationship.	82%	65%
Follow through on promises and help fix problems that are reported by the Rohingya.	70%	52%
Speak respectfully and show empathy.	30%	50%
Increase job and education opportunities for the Rohingya.	27%	20%
Hold meetings per block and in shelters so women can attend.	0%	10%
Communicate more frequently with community leaders who are not Mahjis.	25%	0%

Rohingya communities are incredibly close-knit and value face-to-face interactions and relationships above other modes of engagement. Positive personal interactions would allow them to establish a relationship with humanitarians over time and become meaningfully engaged in the implementation of programmes in their camps.

Most participants asked that humanitarians spend more time getting to know them. They also asked for involvement in the delivery of assistance and services through regular consultations that involve two-way dialogue. These consultations should be facilitated by familiar faces who are responsible for the delivery of assistance in their area. This provides people with direct contact to an agency and to the people responsible for programmes that directly impact them. Participants said they not only want to be involved in decision-making processes, but they 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.

When women and girls explained what these two-way consultations would look like for them, many stressed the need for the responders to conduct sessions closer to their shelters and within their block whenever possible. They also said they are much more likely to engage openly and attend sessions run by women only. For female participants especially, speaking respectfully and showing empathy when interacting with each other is very important.

Reliability and consistency were also cited as being extremely important when building trust. Questions 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. Participants in 70% of male FGDs and 53% of female FGDs said that following through on promises and helping fix issues would increase trust. Seeing change and witnessing improvements that result from a consultative process is one of their biggest priorities. Improving community feedback mechanisms so people are more aware of how the system works and what to expect is also important, as is being able to receive information on the status of their complaint.

The Rohingya refugees feel that their dependence on humanitarian assistance is a critical problem that reduces their dignity and prevents any sort of self-reliance and community cohesion. To feel more equal in their relationships with humanitarians, they want their own status and self-reliance to be raised so that they feel more equal in the relationship and are treated as such. Another reoccurring theme, both from the participants and from the Rohingya researchers, was the need for increased transparency and openness from the humanitarian response. Rohingya refugees' understanding, trust, and satisfaction with providers 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. After the research, one of the Rohingya researchers noted a general sentiment: 'Humanitarians need to stop pretending that what we receive is enough for us to live our lives the way we want to live them. We understand that agencies don't have enough money to meet our needs and that what they give us may be the best they can do, but please don't try and tell us it should be enough when it isn't.'

This study has sought to highlight the current challenges in the response while also showing potential solutions, suggested by the Rohingya themselves, and a way forward. Regardless of sector, there is a clear problem across the response if the 1,200 Rohingya refugees who participated in this study do not feel they have been meaningfully consulted and feel that their legitimate grievances cannot be addressed. The Rohingya are not only willing to work alongside the response to improve this but they actively want to, however. The recommendations raised by the Rohingya refugees should be taken into serious consideration and, at the very least, discussed in an open-ended two-way discussion where they can also design solutions.

