June 2019

GROUND TRUTH SOLUTIONS

Bulletin • Rohingya
Needs and services

Summary findings

Do you feel informed about the kind of aid and services available to you?

mean: 3.5, n=1029

Results in %

Do you feel you have the information you need to make decisions on how to meet your own and your family's needs?

mean: 3.5, n=1023 *

Results in %

Does the aid you receive currently cover your most important needs?

mean: 3.2, n=1031

Results in %

Does aid go to those who need it most?

mean: 3.5, n=1029

Results in %

Are you satisfied with the cash support you receive?*

mean: 4.1, n=171

Results in %

1 Not at all 2 Not really 3 Neutral 4 Mostly yes 5 Yes completely

Do people in your community sell aid items to meet their needs in cash?**

n=1028

Results in %

No Yes

How would you prefer to receive humanitarian assistance? n=1,034

Combination of cash and goods/services	**39%**
Combination of cash and vouchers	**31%**
Cash only	**13%**
Goods and services direct (in-kind)	**6%**
No preference	**6%**
Vouchers only	**3%**
Combination of vouchers and goods/services	**2%**

* This question was only asked to those who said they receive cash support.

** In July and October 2018 we asked: "Have you been selling your aid items to meet your needs in cash?" It was changed in April 2019 on the recommendation of local enumerators who felt people would be more open to discussing community – rather than personal – practices of selling aid items.

This thematic bulletin presents findings and recommendations based on Ground Truth Solutions' surveys conducted with 1,034 Rohingya in Bangladesh in April 2019. The survey was administered in 30 camps in the Ukhia and Teknaf subdistricts. It is the third round of data collection, with the first having taken place in July 2018 and the second in October 2018. The goal is to use the views of affected people to inform the humanitarian response and adjust programming accordingly.

Ground Truth Solutions has published five bulletins from the third round of data collection on the response: two more addressing Rohingya perspectives on feedback and relationships and safety and outlook; and one on social cohesion, which includes the views of both Rohingya and host communities living within or in close proximity to the camps. Separately, there is dedicated reporting on the perceptions of the same host communities.

Changes in responses since October 2018

- ⌃⌃ Increase in mean score of 0.5 or more **or** increase in "yes" responses by more than 10%
- ⌃ Increase in mean score of less than 0.5 **or** increase in "yes" responses by 5-10%
- = Change in mean score by less than 0.1 **or** change in "yes" responses by less than 5%
- ⌄ Decrease in mean score of less than 0.5 **or** decrease in "yes" responses by 5-10%
- ⌄⌄ Decrease in mean score of 0.5 or more **or** decrease in "yes" responses by more than 10%
- * This question was added since the previous round

A full overview of changes over the three rounds can be found on page 4.

Most important unmet needs n=448

Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

Key takeaways

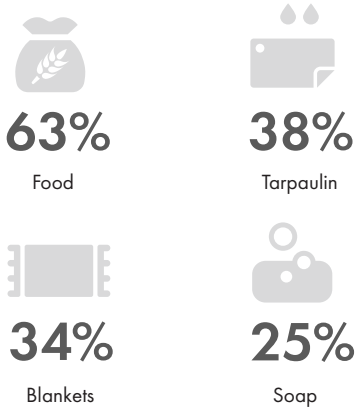
Roughly half of Rohingya surveyed feel informed about the aid and services available to them. As in previous rounds, male respondents seem slightly better informed than female respondents, with 10% more men knowing about available aid and services than women. In general, there is a tendency for Rohingya to get their information through word of mouth – Xchange found that 95% of women rely on family (generally their husbands), friends, and neighbours to receive news and information, while men access information through both word of mouth and social media.[1] **One quarter of Rohingya surveyed do not have the information they need to make decisions on how to meet their own and their families' needs.** As with previous rounds, the majority of respondents with unmet information needs want more information on aid distributions and information on what they can expect to happen in the longer term. For more on Rohingya's access to information about staying safe during monsoon and cyclone seasons, see the Safety and outlook bulletin.

Half of Rohingya surveyed feel the aid they receive currently meets their most important needs. Only 34% of respondents with a disability report that their needs are met, compared to 51% among those without a disability. **The most important unmet needs are cash, including cash transfers and vouchers, and food assistance**. Along with lighting, fuel, electricity and firewood, and water, sanitation and hygiene (WASH), they have remained the key unmet needs since October 2018. Of those who already receive some form of cash assistance, 84% are satisfied with the support. One third of Rohingya surveyed also cite healthcare as an unmet need and, according to Xchange, 78% are unsatisfied with the quality of available healthcare.[2]

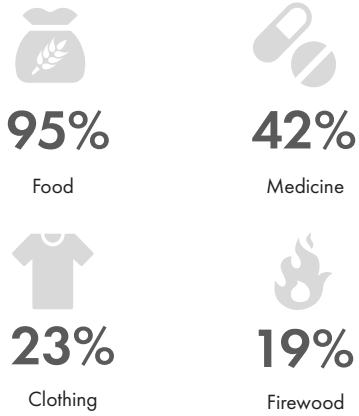
When asked about preferences for how Rohingya would like to receive humanitarian support, the top choices all involve cash in some form, with the clear preferences being a combination of cash and goods/services, as well as a combination of cash and vouchers. These preferences have remained consistent since October 2018. Only 6% of Rohingya surveyed favour receiving solely in-kind goods and services.

In order to meet the unmet need for cash, **59% of Rohingya surveyed report that people in their community sell aid items to better meet their needs in cash.** In the previous round in October 2018, 44% reported selling aid items to meet their needs in cash. Food items are clearly considered the most valuable for selling. Rohingya continue to need to supplement or replace the food they receive through in-kind aid distributions; food is also named as the most common purchase when using money from selling aid. Rohingya communities have been expressing concerns about the lack of fresh food options and about the quality of food they receive through distributions, including issues with contaminated lentils and rice.[3] Attempts are being made by the Food Security Sector

Aid items seen as most valuable for selling n=606



Items most commonly bought with cash from selling aid n=606



Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

1 Xchange, "The Rohingya Survey 2019" (April 2019)

2 Ibid.

3 BBC Media Action, Internews, and Translators without Borders, "What Matters?" (Issue 21, March 2019)

to tackle these issues and support diet diversification, including through e-vouchers that can be exchanged for different food commodities to allow for more choice and dignity while strengthening local markets, as well as cash-for-work activities and complementary vouchers provided as a top-up to general food distribution.[4] Rohingya are also buying medicines with any cash earned from selling aid items, and with 42% reporting doing so, it is the second-most commonly bought item.

Fifty-four percent of Rohingya surveyed believe that aid goes to those who need it most. Forty-two percent of Rohingya with a disability do not believe aid goes to those most in need, compared to 20% among those without a disability. Older persons and people with disabilities are seen as being left out, as well as orphans and people with illnesses or diseases.

Information needs n=360

Aid distributions	**67%**
What will happen in the longer-term	**59%**
How to be safe in the camps	**33%**
How to safe during the cyclone and monsoon seasons	**27%**

Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

Recommendations

- **NGOs should continue to review what they are providing through distributions**, and how these are aligned to Rohingya's preferences and needs. For example, is there a way to include the types of items Rohingya buy with cash they get from selling unwanted items, such as food? Continuous reviews are especially important in the lead-up to monsoon season or winter, where many priority needs might change.
- As in both previous rounds, there is a continued demand for cash. While there are limitations on the possibility for cash programming, perhaps **more support could be directed through voucher schemes**, which can give Rohingya more flexibility in what they receive and when. In addition, the use of cash-for-work schemes, while potentially problematic in terms of excluding some vulnerable groups, can also give Rohingya much-needed cash resources. Despite the limitation on cash, the aid community and donors should not stop advocating for more freedom in how to provide support, and should continue to lobby against restrictions.
- The ability of certain groups, namely older persons and those with disabilities, to access services is still an issue. This is largely due to the physical terrain of the camps. That said, **more needs to be done to find ways to ensure that these groups are better included**, with agencies thinking more about how they can bring certain services to these vulnerable groups.
- There is growing concern about the quality of health care and the availability of medical supplies in the camps.[5] More and more people are having to buy medicine with their limited supplies of cash which is unsustainable. As published in The Lancet, the key to improving health within the camps is through prevention, primarily through better monsoon preparedness (shelter improvements and evacuation protocols where possible) and improved WASH facilities that all Rohingya feel comfortable using.[6]

> We get fewer relief items than we need. It's hard to maintain a family with the assistance we're receiving now.

Those seen as being left out of aid provision n=226

Older persons	**56%**
People with disabilities	**49%**
Orphans	**41%**
People with illnesses	**37%**

Only the top four responses are shown. Percentages do not total 100 because respondents could choose multiple options.

4 Inter Sector Coordination Group, "Situation Report: Rohingya Refugee Crisis" (April 2019)

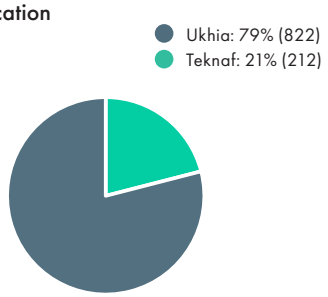
5 REACH and UNHCR, "Multi-Sector Needs Assessment" (January 2019)

6 Bayes Ahmed, Miriam Orcutt, Peter Sammonds, Rachel Burns, Rita Issa, Ibrahim Abubakar, *Delan Devakumar. "Humanitarian disaster for Rohingya refugees: impending natural hazards and worsening public health crises," The Lancet (May 2018)

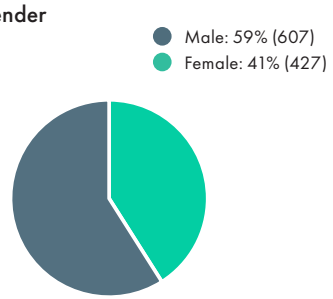
Demographics

1,034 Rohingya respondents

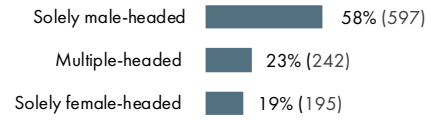
Location



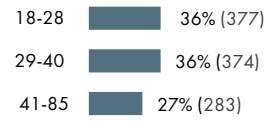
Gender



Head of household



Age (years)



Camps covered

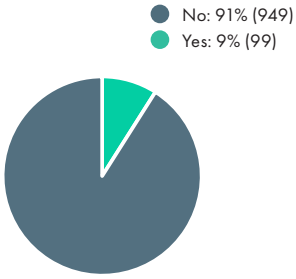
Ukhia (23 camps)

1E, 1W, 2E, 2W, 3, 4, 5, 6, 7, 8E, 8W, 9, 10, 11, 12, 13, 14 (Hakimpara), 15 (Jamtoli), 16 (Potibonia), 17, 18, 19, 20 Ext

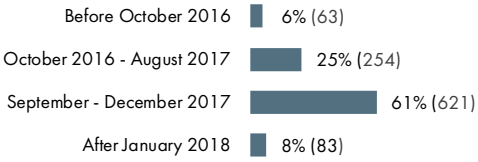
Teknaf (7 camps)

21 (Chakmarkul), 22 (Unchiprang), 23 (Shamlapur), 24 (Leda), 25 (Ali Khali), 26 (Nayapara), 27 (Jadimura)

Respondents with a disability

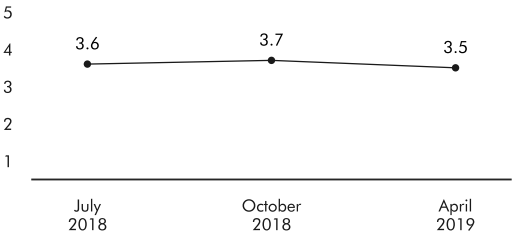


Arrival in Bangladesh

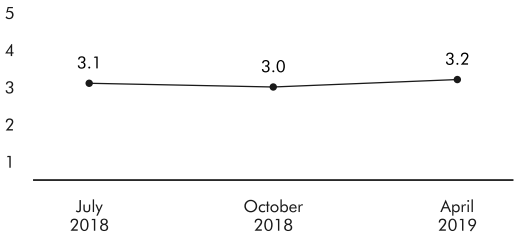


Overview of responses over time

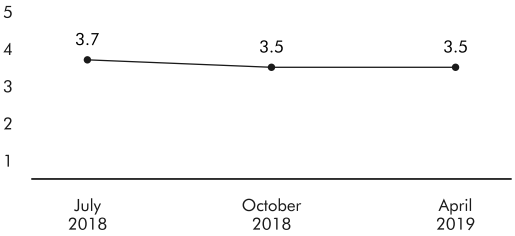
Do you feel informed about the kind of aid and services available to you?



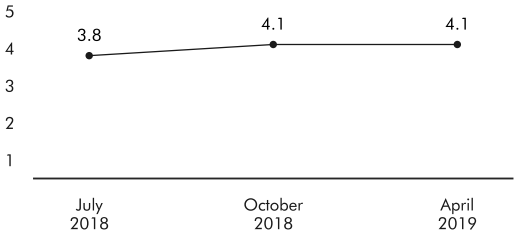
Does the aid you receive currently cover your most important needs?



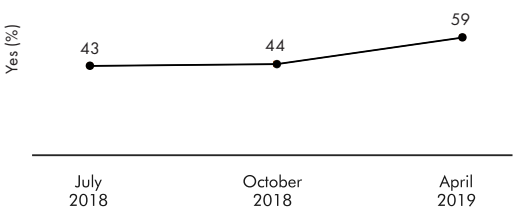
Does aid go to those who need it most?



Are you satisfied with the cash support you receive?*



Do people in your community sell aid items to meet their needs in cash?**



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Methodology

Sampling methodology

Rohingya were surveyed in 30 camps in the Ukhia and Teknaf subdistricts. Households were selected to participate in the survey by randomly assigning shelters to approach from a site-map of each camp. The enumerators did not specifically target heads of households but rather surveyed the first person they encountered who was willing to participate, to ensure that as broad a range of experiences as possible were reported. Enumerators were instructed to try to achieve gender balance for each camp. Certain small camps were over-sampled as we tried to survey at least 30 responses per camp, in order to ensure some minimum reliability on the camp level.

Piloting

The survey translations and question structure were initially reviewed by experienced enumerators. It was then field piloted with randomly selected members of the target population and edits were made based on feedback from enumerators on comprehension and wording.

Data collection

Data collection was conducted from 16-25 April 2019 by IOM's Needs and Population Monitoring (NPM) enumerators. Teams were split into mixed pairs, with male enumerators interviewing male respondents and female enumerators interviewing female respondents. A member of GTS staff conducted training for the data collectors on the survey instrument.

The recommendations were developed based on secondary research and feedback from humanitarian staff in Cox's Bazar.

Data disaggregation

Data was disaggregated by location, age, gender of respondent, gender of head of household, date of arrival and disability. To identify groups of persons with disabilities within the sample, respondents were asked a condensed series of questions developed by the Washington Group.

Language of the surveys

All enumerators had experience in conducting surveys in spoken Rohingya. The survey was translated into Rohingya using Bangla script as well as into Bangla by Translators without Borders. This survey was conducted in Rohingya and Chittagonian – enumerators were advised to use primarily the Rohingya language survey, with the written Bangla translation to serve as a support.

Challenges and limitations

Sampling. Due to time constraints, it was not possible to conduct surveys in all 34 camps. Thirty of the 34 camps were covered and as a result our sample size and catchment are sufficient to get a good estimation of general Rohingya opinions in Ukhia and Teknaf. The margin of error is .04 for 95% confidence intervals for the Likert-scale questions and .03 for the binary questions. However, there is not sufficient data to provide reliable camp-level estimates. It is important to note that while our aim was to interview at least 30 people per camp, logistical issues as well as data cleaning post-collection resulted in less than 30 respondents in the following camps: 1W (24 respondents), 3 (29 respondents), 10 (27 respondents), 19 (28 respondents), 24 (25 respondents), 25 (28 respondents), 26 (29 respondents), and 27 (26 respondents).

Gender split. We aimed to reach a roughly even 50:50 gender split. However, since there were more male enumerators than female enumerators, the final gender split was 41:59, with more men surveyed than women.

Language issues. Since there is no universally accepted written script for Rohingya, the survey was translated into Rohingya with Bangla script and Bangla. Enumerators, native Bangla and Chittagonian speakers, were expected to conduct the survey in Rohingya. In previous rounds, enumerators raised some issues with reading the Rohingya in Bangla script, which is why they were provided with the Bangla translation to use as support. As such, it is possible that enumerators less familiar with the Rohingya language relied more heavily on the Bangla translations and that not all surveys were conducted entirely in Rohingya.

The risk of oversampled groups skewing the aggregate results was evaluated by calculating weighted means based on the proportion of the total target population living in each camp. These weighted means did not differ from the raw means by more than .1, suggesting that any bias introduced by the oversampling is negligible. Because the weighted means and unweighted means are so similar, we present the unweighted information in the report, to provide readers with a direct perspective on the opinions of the sample. This methodology allowed us to maximise reliability within each camp, as well as population-level parameter estimation.

In the context of satisfaction with cash support, the weighted mean for this question was 3.9, suggesting that the population opinion might be more negative than implied by our sample. However, bootstrapped analyses that resample the data based on the population proportions suggest that this greater negativity is too small to influence our conclusions.

Authors

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Ground Truth Solutions gathers perceptual data from affected people to assess humanitarian responses. Listening and responding to the voices of affected populations is a vital first step in closing the accountability gap, empowering affected populations to be part of the decisions that govern their lives, building relationships with communities and localising knowledge. Nonetheless, it is evident that perceptual data alone is insufficient to evaluate the state of the humanitarian system and should therefore not be seen in isolation, but as complementary to other monitoring and data evaluation approaches.

For more information about our work in Bangladesh, please contact Kai Hopkins (kai@groundtruthsolutions.org) or Rebecca Hetzer (rebecca@groundtruthsolutions.org).

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