

# BALANCING ACT BETWEEN HEALTH AND LIVELIHOODS IN COX'S BAZAR

OCTOBER 2021

Cox's Bazar has been subject to strong pandemic containment measures to protect its 884,041 Rohingya refugees against the spread of Covid-19. Many people in the world's largest refugee camp live without adequate sanitation and in close quarters that make physical distancing almost impossible, meaning a virus outbreak could have devastating consequences.

Authorities and the humanitarian community have been caught in a balancing act between health and livelihoods, as containment measures have significantly reduced Rohingya and host communities access to jobs, markets, and essential services.

Prolonged movement restrictions have exacerbated household tensions and domestic violence, while children have been out of school since March 2020.<sup>1</sup> As of 8 July 2021, Cox's Bazar has recorded positive Covid-19 tests for 3,084 refugees and 17,311 host community members.<sup>2</sup>

The pandemic has compounded pre-existing problems of overstretched humanitarian resources, extreme weather, and tensions between refugees and host communities. Priorities and needs have changed and challenges become more complex.

Listening to those affected is more important than ever. But aid recipients have consistently reported struggling to make themselves heard. Our research shows Rohingya tend to be more forthcoming with honest opinions when speaking to fellow refugees.

Ground Truth Solutions considered the importance of who is doing the asking for its fifth round of surveys with aid recipients in Cox's Bazar, and partnered with the International Organization for Migration (IOM) to ensure Rohingya refugee interviews were facilitated by Rohingya volunteers from IOM's Communication with Communities team. In early 2021, we interviewed 717 Rohingya refugees across five camps and 619 host community members in adjacent areas to gauge their views on the humanitarian response.



<sup>1</sup> Save the Children. September 2021. "Rohingya refugee children back in classroom after one of world's longest school closures." <https://reliefweb.int/report/bangladesh/rohingya-refugee-children-back-classroom-after-one-world-s-longest-school-closures>

<sup>2</sup> World Health Organization Bangladesh. October 2021. "Rohingya Crisis Situation Report no. 19." [https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/sitreps/2021/who-cox-s-bazar-situation-report-19.pdf?sfvrsn=8ee2bd5f\\_7](https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/sitreps/2021/who-cox-s-bazar-situation-report-19.pdf?sfvrsn=8ee2bd5f_7).

# KEY FINDINGS

- Reduced interaction between humanitarian organisations and affected communities is increasing feelings of exclusion among aid recipients. Few respondents feel able to approach aid providers with questions about services (14% of Rohingya and 17% of host community respondents). Only 34% of host community and 18% of refugee respondents believe their opinions are taken into account by aid providers.
- Using feedback mechanisms does not help Rohingya respondents feel their opinions are considered in the humanitarian response. People seem to feel more included when aid actors take the time to properly explain services to them.
- Two-thirds of Rohingya respondents are not satisfied with shelter assistance. Interrupted maintenance due to Covid-19 containment measures has compromised existing shelters, and over 20,000 people have been displaced due to flooding and heavy rains, with more projected during the monsoon season.<sup>3</sup>
- Only 10% of refugee respondents are satisfied with food assistance, and 56% say they sell food to access cash and buy different items.
- The majority of Rohingya respondents (87%) have reported not being satisfied with education. Schools have been closed since March 2020 till September 2021, leaving families largely unable to facilitate their children's education. Both Rohingya and host community children face greater protection risks.
- Rohingya respondents are more likely to experience positive interactions when engaging with volunteers from their own ethnic community, likely due in part to language and cultural barriers.
- Social cohesion is undermined by relocations, safety, and security issues as well as heightened movement restrictions.

---

<sup>3</sup> ISCG. August 2021. Flash update no. 2 on monsoon response." [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg\\_monsoon\\_response\\_flash\\_update\\_2\\_1\\_august\\_2021.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_monsoon_response_flash_update_2_1_august_2021.pdf)

# 01 COMMUNITY ENGAGEMENT AND FEEDBACK

## Feedback mechanisms do not produce meaningful engagement

Communication and engagement have become less effective during the pandemic due to reduced humanitarian presence in camps. Rohingya now feel abandoned and distrusting of the humanitarian community.

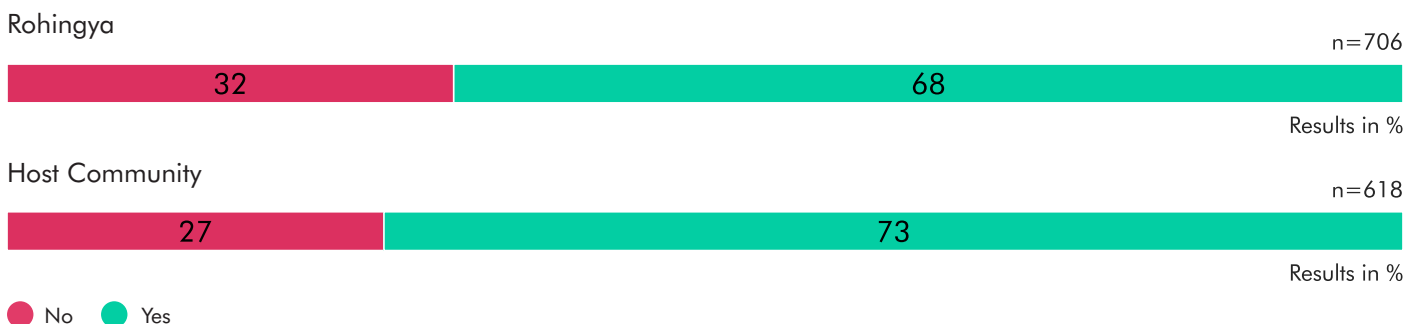
More than two-thirds of respondents have received information on how to access humanitarian assistance in the last year. However more than one half of Rohingya respondents (55%) and almost half of host community respondents report that they are unable to access assistance according to the rules explained to them, including a majority of host community respondents (65%) in Camp 11.<sup>4</sup> One third of respondents are uninformed about sector services.

People are hesitant to provide feedback, so it must be sought more proactively. Engagement

levels are low and respondents are hesitant to provide voluntary feedback. Most Rohingya (88%) and host community members (97%) have not been asked if they have problems receiving aid and few (14% and 17% respectively) feel able to approach humanitarian workers with questions or concerns.

Rohingya respondents in Camp 2E find it easier to engage with humanitarian staff and feel more consulted than Rohingya in other camps. IOM and ACAPS report Rohingya often feel excluded from decision-making processes. A lack of follow up on reported issues and widespread perception that consultations prioritise feedback from imams, older males and literate community members deters participation.<sup>5</sup> Those left out want more involvement and regular consultations facilitated by people they trust and recognise.<sup>6</sup>

### Has anyone explained to you when and how to use different services or receive assistance?

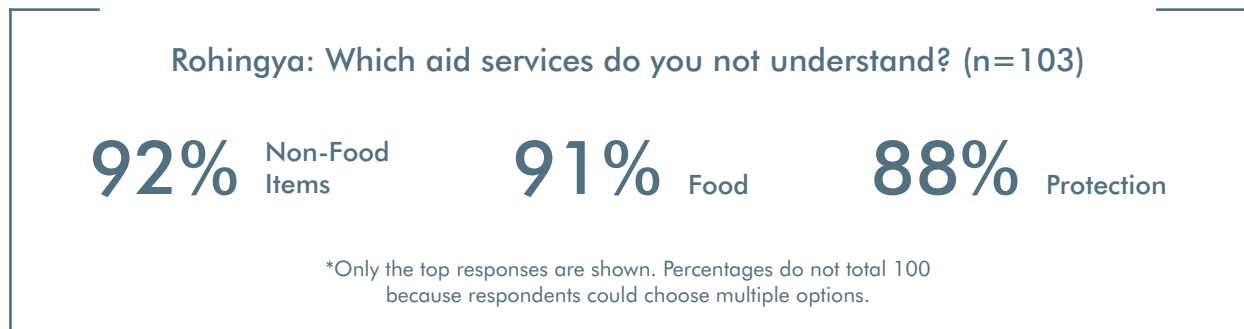
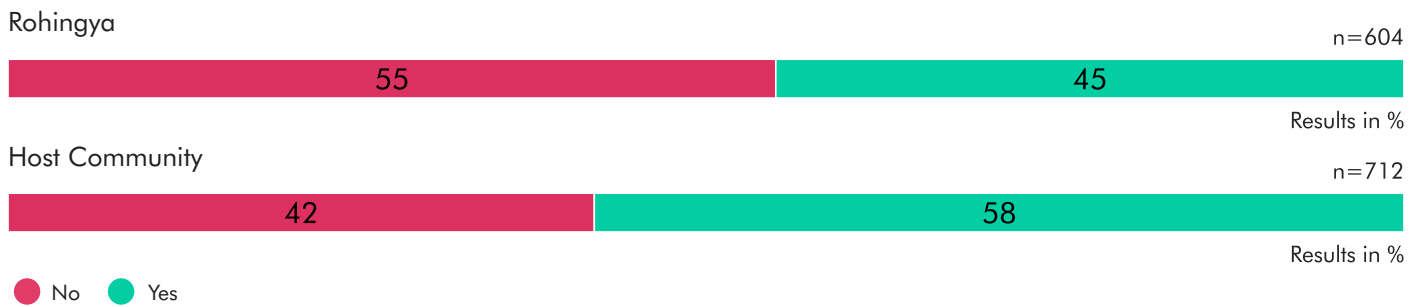


<sup>4</sup> This includes food, non-food items (NFIs), fuel (LPG), and health.

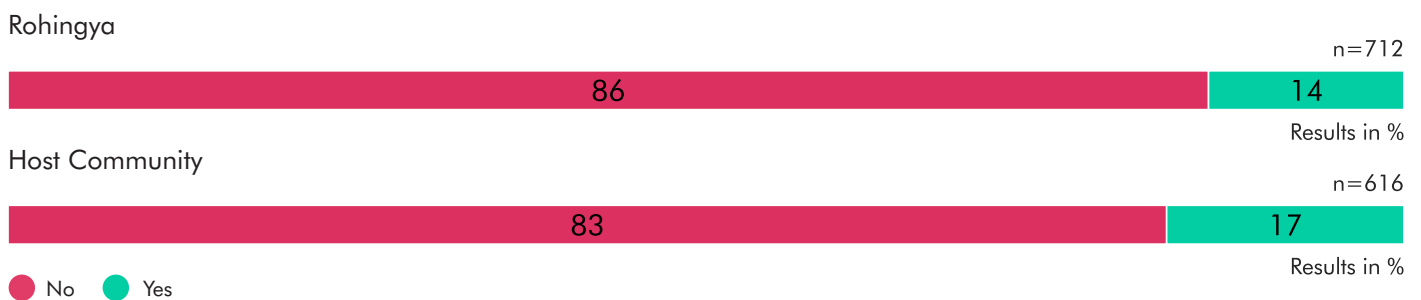
<sup>5</sup> ACAPS. April 2021. "Our Thoughts: Rohingya Share Their Experiences and Recommendations." <https://www.acaps.org/special-report/our-thoughts-rohingya-share-their-experiences-and-recommendations>.

<sup>6</sup> Ibid.

## Are services being provided according to the rules explained to you?



## Are you able to ask aid providers about available aid and services?



Over 90% of respondents who have submitted feedback or complaints say they felt heard in the process, which is surprising because only 15% of Rohingya who submitted feedback reported their issues resolved, or said they had received explanations. Far more Rohingya (57%) than host community (5%) respondents had used feedback mechanisms in the month prior to the survey.

Few people we surveyed believe humanitarians take their opinions into account: only 18%

of refugees and 34% of host community respondents. Some of these perceptions may be linked to inconsistent information or support; the BBC Media Action has reported on host community members who received no assistance during Covid-19 restrictions, despite hearing relief was available.<sup>7</sup> Many would not share a sensitive complaint with a humanitarian organisation, preferring to consult with relatives or religious leaders.

<sup>7</sup> BBC Media Action, Internews, and Translators without Borders, Issue 38, May 2020. "What Matters?"

## In the last month, have you provided feedback or reported a complaint to an aid organisation?

Rohingya

n=713



Results in %

Host Community

n=619



Results in %

● No ● Yes



## Would you go to a humanitarian organisation to report a sensitive issue?

Rohingya

n=698



Results in %

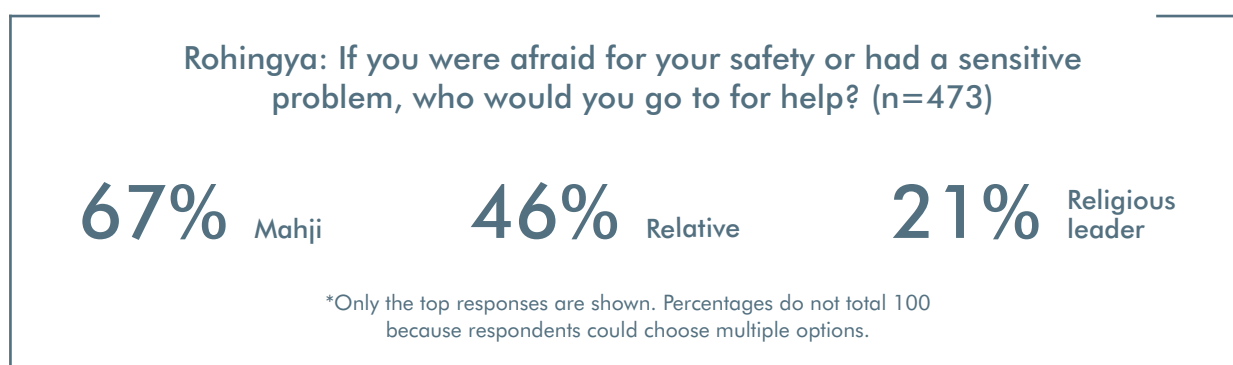
Host Community

n=598



Results in %

● No ● Yes



Previous use of a feedback mechanism has little influence on respondents' confidence that their opinion is considered. People may view mechanisms as unreliable or unclear, especially women and girls, who tend to be less accustomed to raising issues.<sup>8</sup> Respondents who have had services explained to them, however, are more

likely to feel their opinions are considered in service delivery.

Humanitarian agencies evaluating their community engagement practices should prioritise proactive and informal face-to-face dialogue over more technical and reactive methods.

<sup>8</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

## Do humanitarians include your opinion when providing aid?

Rohingya

n=710



Results in %

Host Community

n=603

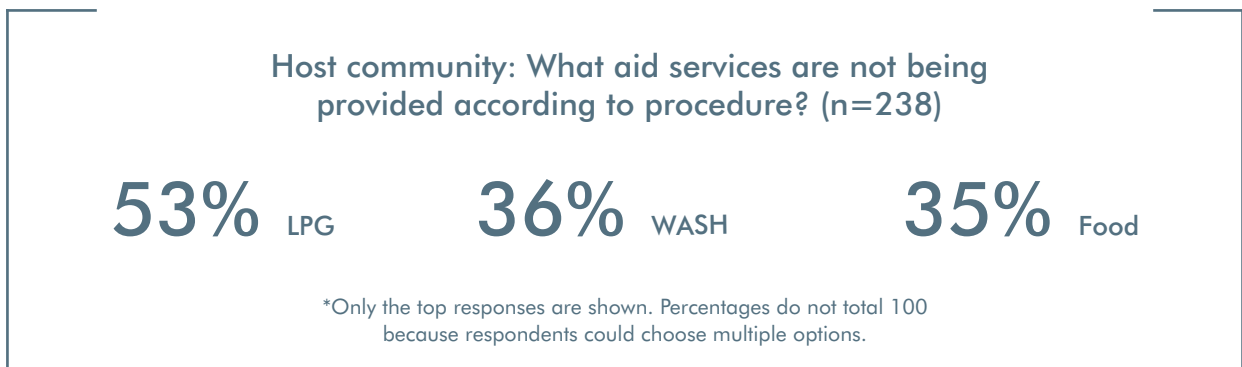


Results in %

● No ● Yes

Of Rohingya we spoke to, 54% trust humanitarians to fairly address some or most of their problems, in comparison to 74% of host community respondents. By location, Rohingya respondents in Camp 9 expressed a lower levels of trust than those in Camp 2E – who also report higher levels

of engagement with humanitarians. Other research records Rohingya participants saying trust would improve if humanitarians were more open and honest about service delivery challenges and worked with communities to find solutions.<sup>9</sup>



## 02 SHELTER ASSISTANCE

### Flooding worsens an already tough situation in the camps

Almost two-thirds (63%) of Rohingya are unsatisfied with shelter assistance due to insufficient or poor-quality materials, or services not being adjusted for household size, making them feel unfair. Feedback was particularly

negative in Camps 2E, 18, and 9. Camp 2E's shelter assistance was delayed due to the pandemic, and Camp 9 is highly congested due to a crowded market.

### How would you rate the quality of shelter services?

Rohingya

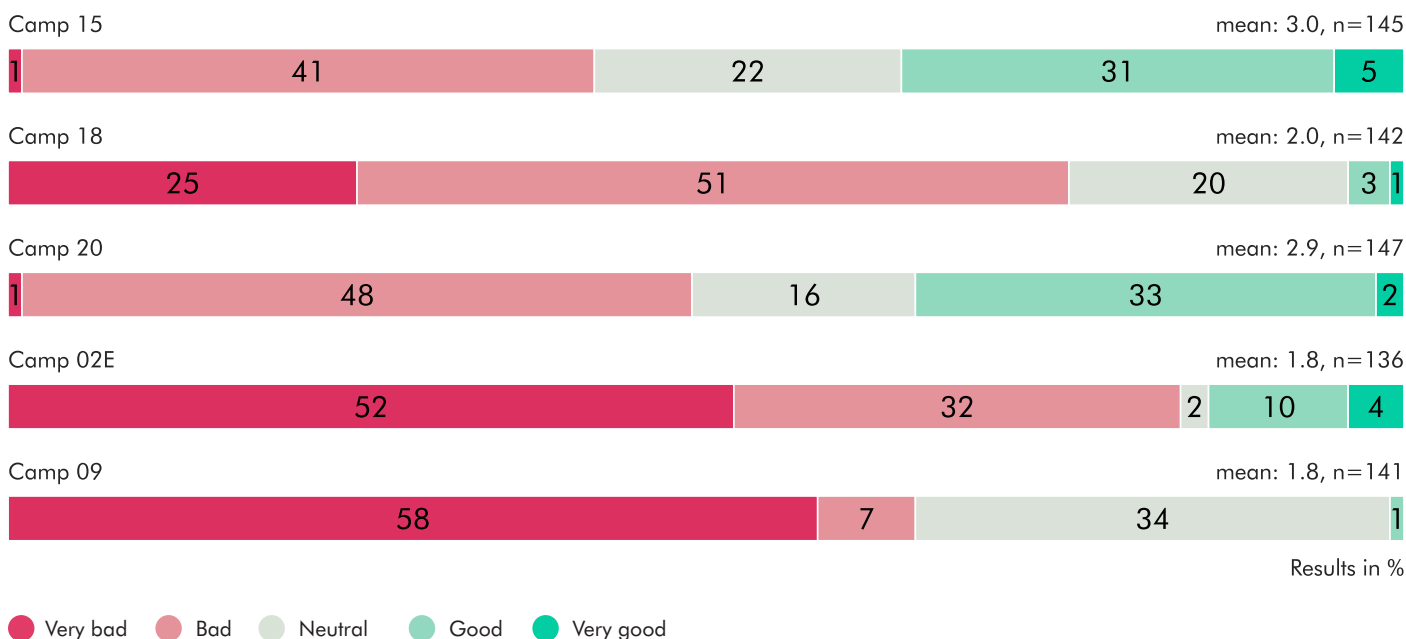
mean: 2.3, n=711



Results in %

<sup>9</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

## Shelter quality perceptions, by location



Most households in the 2020 Joint Multi-Sector Needs Assessment (J-MSNA) faced shelter issues, but respondents say Covid-19 restrictions have made addressing and resolving these concerns difficult.<sup>10</sup> Partners have also faced challenges in completing regular maintenance, repairs, training, and monsoon preparedness.<sup>11</sup> In a recent BBC Media Action survey, extremely

vulnerable individuals said shelter conditions had deteriorated over recent months,<sup>12</sup> with some reporting they had not received shelter kits for up to three years.<sup>13</sup>

Most respondents (84%) have not received enough shelter assistance in the last year. Those (16%) who reported selling excess or unnecessary items did so to generate cash and buy other goods.

## Did you receive enough shelter materials this year?



Flooding and landslides have already wreaked havoc in the camps, damaging over 6,000

shelters, displacing 21,000 people, and claiming six lives.<sup>14</sup>

<sup>10</sup> Humanitarianresponse.info. 2021. Joint Multi-Sector Needs Assessment (J-MSNA) of Bangladesh Humanitarian Response for Refugees 2020 | HumanitarianResponse

<sup>11</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

<sup>12</sup> Extremely vulnerable individuals include older people, pregnant mothers, widows, orphans, people with disabilities, women, and child-headed households.

<sup>13</sup> BBC Media Action, Internews, and Translators without Borders, "What Matters?"

<sup>14</sup> Ahmed, K. (2021, August 9). 'A sample of hell': Rohingya forced to rebuild camps again after deadly floods. The Guardian. <https://www.theguardian.com/global-development/2021/aug/07/rohingya-rebuild-camps-again-21000-displaced-floods-bangladesh-coxs-bazar>

# 03 FOOD ASSISTANCE

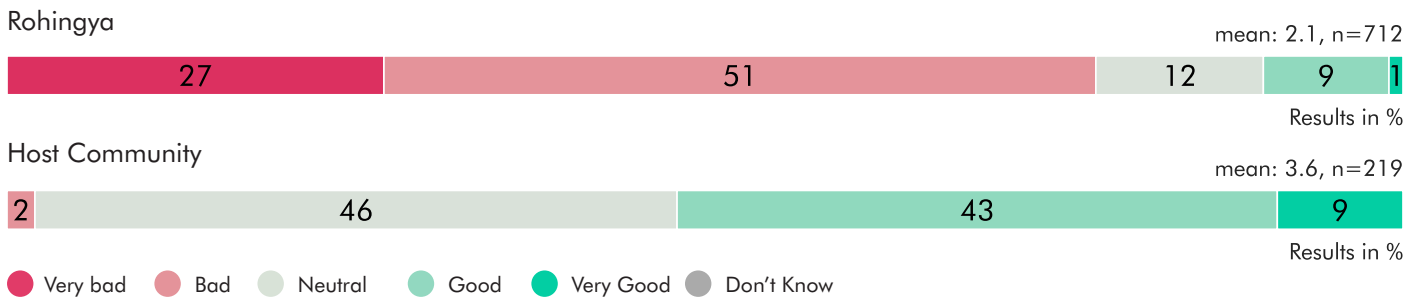
## Choice is powerful

Two-thirds of host community members we spoke with had not received food aid in the last year. Around half of those who did are satisfied with the assistance, whereas only 10% of Rohingya are satisfied, citing insufficient quantities, less preferred items, or rotten or otherwise poor quality food. Over half Rohingya respondents (58%) receive food items - including potatoes, fish, and daal - that go uneaten or are sold to obtain more desired ingredients. Host community respondents did not report receiving or selling unwanted food.

According to the World Food Programme (WFP), greater dietary diversity makes people less likely to sell assistance or rely on negative coping mechanisms, highlighting the power of choice.<sup>15</sup>

Rohingya note that eating too much of certain foods can cause health problems.<sup>16</sup> Communities want more access to fresh fruit and vegetables, meat, and spices to diversify their diet and make dishes more palatable.<sup>17</sup>

### How would you rate the quality of food assistance?



### Rohingya: Reasons for dissatisfaction with food services (n=553)

93% Not enough food

80% Food is rotten, bad quality

61% Less preferred items

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

<sup>15</sup> WFP. 2021. "Refugee Influx Emergency Vulnerability Assessment (REVA) - Cox's Bazar, Bangladesh Technical Report (April 2021) - Bangladesh." <https://reliefweb.int/report/bangladesh/refugee-influx-emergency-vulnerability-assessment-reva-cox-s-bazar-bangladesh-0>.

<sup>16</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

<sup>17</sup> WFP. 2021. "Refugee Influx Emergency Vulnerability Assessment (REVA)."



Do you (Rohingya) receive food that you do not eat?

n=712



Results in %

Do you (Rohingya) have to sell any of your food items that you do not consume?

n=711



Results in %

● No ● Yes

Food is the primary need for Rohingya households and the main reason they incur debt and sell assistance.<sup>18</sup> Food security among host communities has also deteriorated over the last year due to Covid-19 restrictions, especially among female-headed households.<sup>19</sup> Coping strategies include spending savings, relying on less preferred foods, and buying food on credit.

Food security partners have provided food and multi-purpose cash assistance to nearly 550,000 vulnerable Bangladeshis but stress that additional support to the Government of Bangladesh

economic recovery plan is needed.<sup>20</sup> Prior to Covid-19, partners initiated a transition from in-kind to e-voucher assistance to mitigate negative coping strategies among Rohingya as well. Value vouchers enabled households to choose from a wide range of products and reduced the selling of aid, but were soon temporarily replaced with commodity vouchers during the pandemic, limiting the selection to 14 pre-identified items.<sup>21</sup>

Commodity vouchers were switched back to value vouchers in December 2020.

## 04 EDUCATION

### Youth see education as an opportunity to improve community relations

In line with Covid-19 containment measures, learning centres in the camps were suspended in March 2020, resuming in September 2021.<sup>22</sup> The latest J-MSNA notes parents are concerned that the school closures not only affected access to education, but also their children's overall well-being.<sup>23</sup> Caregivers struggled to facilitate remote study due to a lack of resources and support.<sup>24</sup>

Whereas many host community respondents give neutral responses when asked about the quality of education services, the majority (87%) of refugees are not satisfied, citing the grade-based curriculum, lack of instruction in Burmese, and too much play. Whether host community responses indicate hesitancy or reluctance to answer in either direction is unclear, although those with positive feedback note the high quality of lessons and teaching at NGO facilities.

<sup>18</sup> WFP. 2021. "Refugee Influx Emergency Vulnerability Assessment (REVA)."

<sup>19</sup> Ibid.

<sup>20</sup> ISCG, IOM, UNHCR. 2020. "2020 Joint Response Plan: Rohingya Humanitarian Crisis Mid Term Review - January to July 2020 - Bangladesh." <https://reliefweb.int/report/bangladesh/2020-joint-response-plan-rohingya-humanitarian-crisis-mid-term-review-january-july>

<sup>21</sup> WFP. 2021. "Refugee Influx Emergency Vulnerability Assessment (REVA)."

<sup>22</sup> Save the Children. September 2021. "Rohingya refugee children back in classroom after one of world's longest school closures." <https://reliefweb.int/report/bangladesh/rohingya-refugee-children-back-classroom-after-one-world-s-longest-school-closures>

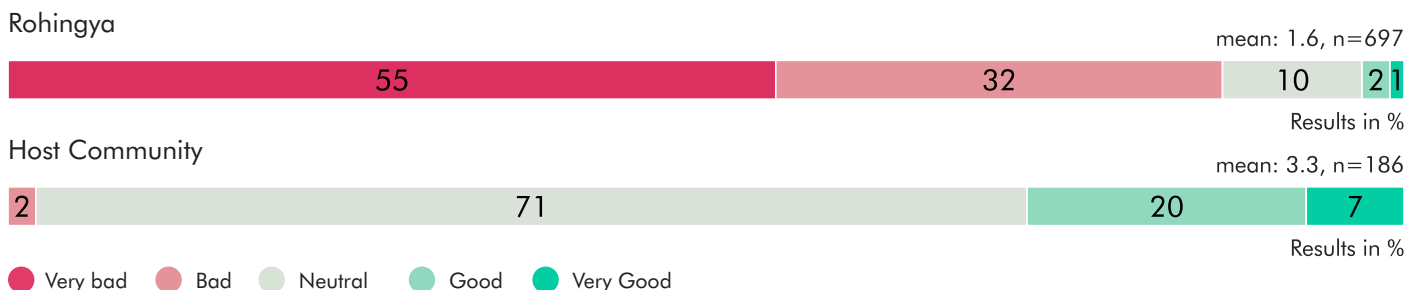
<sup>23</sup> ISCG. 2021. "Joint Multi-Sector Needs Assessment (J-MSNA): Bangladesh Rohingya Refugees - May 2021 [EN/BN] - Bangladesh." <https://reliefweb.int/report/bangladesh/joint-multi-sector-needs-assessment-j-msna-bangladesh-rohingya-refugees-may-2021>

<sup>24</sup> Ibid.

Rohingya in separate research say curricula at temporary learning centres (TLCs) are largely unstructured, and do not offer students the opportunity to attain knowledge and move

up in level.<sup>25</sup> They also ask for more learning opportunities for adults and improved access to formally recognised courses, especially for adolescents.<sup>26</sup>

## How would you rate the quality of education services?



Access to education is of great concern to Rohingya youth, who see it as a solution to prevent discrimination and improve relations both amongst refugees and with the host community.<sup>27</sup> But adolescent enrolment in education is low.<sup>28</sup> A recent assessment reported that over 70% of school-age host community children were also not studying, largely due to school closures or concerns about Covid-19.<sup>29</sup> Although humanitarian partners still reached 10,000 host community girls and boys with materials and equipment for home-based learning,<sup>30</sup>

parents are worried their children are not able to study properly this way.<sup>31</sup> Rohingya and host communities share other concerns: protection issues like child labour, children going missing, and the marriage of underage girls are on the rise amongst Rohingya,<sup>32</sup> and domestic violence and child labour amongst host communities is also increasing amidst pandemic restrictions,<sup>33</sup> as boys are out working and girls not attending school are expected to tend to family and social obligations.<sup>34</sup>

<sup>25</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

<sup>26</sup> Ibid.

<sup>27</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

<sup>28</sup> ISCG, IOM, UNHCR. "2020 Joint Response Plan: Rohingya Humanitarian Crisis Mid Term Review."

<sup>29</sup> WFP. 2021. "Refugee Influx Emergency Vulnerability Assessment (REVA)."

<sup>30</sup> ISCG, IOM, UNHCR. "2020 Joint Response Plan: Rohingya Humanitarian Crisis Mid Term Review."

<sup>31</sup> <https://app.box.com/s/23ilvpkhdjumheexqpm64ka7d0c0za6r>

<sup>32</sup> ISCG, IOM, UNHCR. "2020 Joint Response Plan: Rohingya Humanitarian Crisis Mid Term Review."

<sup>33</sup> Strategic Executive Group. 2020. "Covid-19 response plan: Addendum to the joint Response Plan 2020." [https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19\\_addendum\\_rohingya\\_refugee\\_response\\_020720\\_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19_addendum_rohingya_refugee_response_020720_0.pdf).

<sup>34</sup> WFP. 2021. "Refugee Influx Emergency Vulnerability Assessment (REVA)."

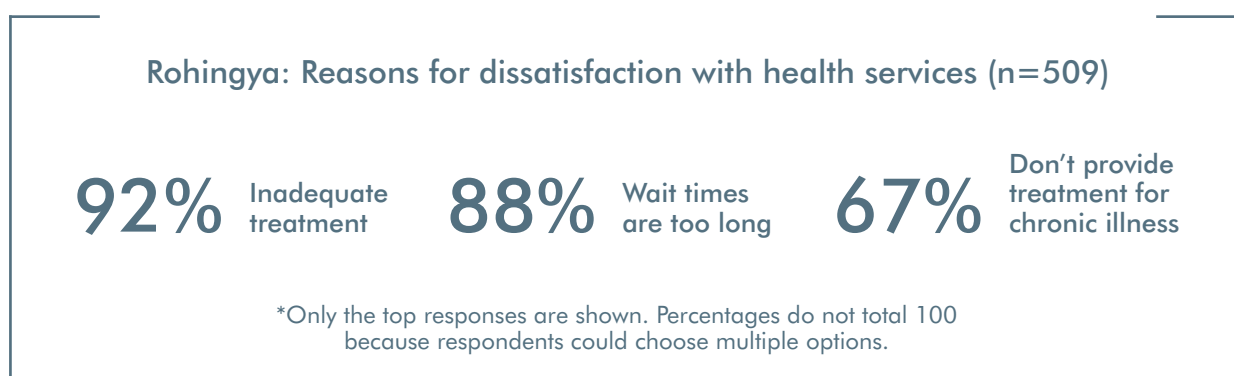
# 05 HEALTH

## Health services buckle under the weight of Covid-19

Bangladesh's health system has suffered under the pressures of Covid-19. Much of the country's resources and personnel were diverted to the pandemic response, affecting access and quality of regular health services.<sup>35</sup> Meanwhile, Covid-19 testing capacities are inadequate and treatment facilities are hard to reach.<sup>36</sup> People continue to have fears around caretaking and isolation of those testing positive, and associated stigma.<sup>37</sup>

Only 10% of Rohingya surveyed are satisfied with health services, citing improper care, long waiting times, and a lack of treatment for chronic illnesses. Although long distances to facilities and high costs of treatment deter access for many host community respondents,<sup>38</sup> for whom the WFP report medical costs as the primary

source of debt,<sup>39</sup> most (62%) visitors to health centres are satisfied with the care, referring to quality services, treatments, and medication, and good staff behaviour. Rohingya respondents feel neglected by health staff and are often instructed to seek medication or care outside of the camps, which is not only costly, but also requires approval from camp authorities.<sup>40</sup> ACAPS and IOM report Rohingya often feel they are given the wrong medication, and that personnel are unkind and do not explain things clearly.<sup>41</sup> Rohingya call for quality treatment options for diabetes, Hepatitis C, and other non-communicable diseases.<sup>42</sup> Of the locations in our sample, people in Camps 9, 18, and 20 are more likely to say health services deteriorated in the last year.



<sup>35</sup> ACAPS. 2021. "Rohingya Crisis: Secondary Impacts of COVID-19: Potential Consequences of the May 2021 Containment and Risk Mitigation Measures - Bangladesh." <https://reliefweb.int/report/bangladesh/rohingya-crisis-secondary-impacts-covid-19-potential-consequences-may-2021>.

<sup>36</sup> UNHCR. 2021. "UNHCR Bangladesh Operational Update, May 2021 - Bangladesh." <https://reliefweb.int/report/bangladesh/unhcr-bangladesh-operational-update-may-2021>.

<sup>37</sup> UNHCR. "UNHCR Bangladesh Operational Update"

<sup>38</sup> WFP. 2021. "Refugee Influx Emergency Vulnerability Assessment (REVA)."

<sup>39</sup> Ibid.

<sup>40</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

## How would you rate the quality of health services?

Rohingya

mean: 2.0, n=709



Results in %

Host Community

mean: 3.7, n=409



Results in %

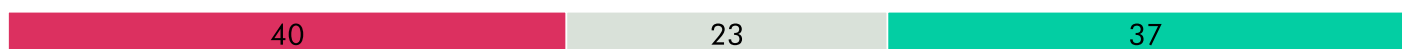
● Very bad ● Bad ● Neutral ● Good ● Very Good

## Have health services improved or worsened in the last year?

Rohingya

Camp 15

mean: 2.9, n=145



Camp 18

mean: 1.6, n=142



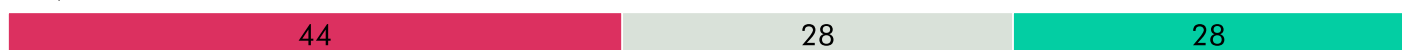
Camp 20

mean: 1.9, n=148



Camp 02E

mean: 2.7, n=137



Camp 09

mean: 1.5, n=141



Results in %

● Worsened ● Neutral ● Improved

# 06 INTERACTION WITH AID WORKERS

## Cultural norms are important for developing trust between Rohingya and humanitarians

The overwhelming majority of host community members we spoke to have not observed rude or threatening behaviour by humanitarians. Findings however indicate that Rohingya respondents are more likely to experience positive interactions when engaging with volunteers from their own

ethnic community. This difference may stem, in part, from language and cultural barriers.

A qualitative study undertaken by ACAPS indicate that respondents are more likely to feel respected and engage with humanitarians when culturally

appropriate greetings and language is used.<sup>43</sup> The quality of communication is also impacted by where the engagement takes place and if time is taken to cultivate a personal connection. People are more comfortable sharing opinions and engaging with aid workers in safe spaces that are familiar and quiet.

The questions used to assess the quality of the relationship between affected communities and humanitarians, and between host and refugee

communities were developed in collaboration with Rohingya volunteers from IOM's CwC communications team. Rather than translating questions from English into local language, the questions were first formulated in Rohingya. The intention of this process was to better represent abstract concepts such as trust and respect, concepts that are often culturally specific and difficult to capture using data and operational indicators.

## 07 SOCIAL COHESION

### Inter-community relations are suffering, undermining cohesion

Refugee-host community relations have deteriorated in recent months. This is attested to both by refugees interviewed by IOM, who said they no longer feel welcome in Bangladesh,<sup>44</sup> as well as the perception amongst locals that refugees receive support while they must navigate the threat of Covid-19 and strict containment measures to earn a livelihood.<sup>45</sup> Host communities have expressed worry that the congested conditions within the camps will encourage the disease to spread and that Rohingya working outside the camps will spread Covid-19 to surrounding communities.<sup>46</sup> Some Rohingya believe locals are using arson to push them out of the area, citing

the spike in fire incidents.<sup>47</sup> Relocations, safety, and security issues, and heightened movement restrictions have exacerbated these concerns. Meanwhile the way in which social tensions are framed in local media and unregulated public commentary on social media have further undermined cohesion.<sup>48</sup>

When in need, most respondents can turn to neighbours or relatives for food or money. Very few have asked the same of people from the other community, although over 57% of Rohingya and 24% of host community respondents were unable to answer this question due to limited interaction.

---

<sup>43</sup> ACAPS. "Our Thoughts: Rohingya Share Their Experiences and Recommendations."

<sup>44</sup> IOM. 2021. "Rohingya Horor: Myanmar Coup & Balukhali Fires, Edition 1: January to March 2021 - Bangladesh." <https://reliefweb.int/report/bangladesh/rohingya-horor-myanmar-coup-balukhali-fires-edition-1-january-march-2021>.

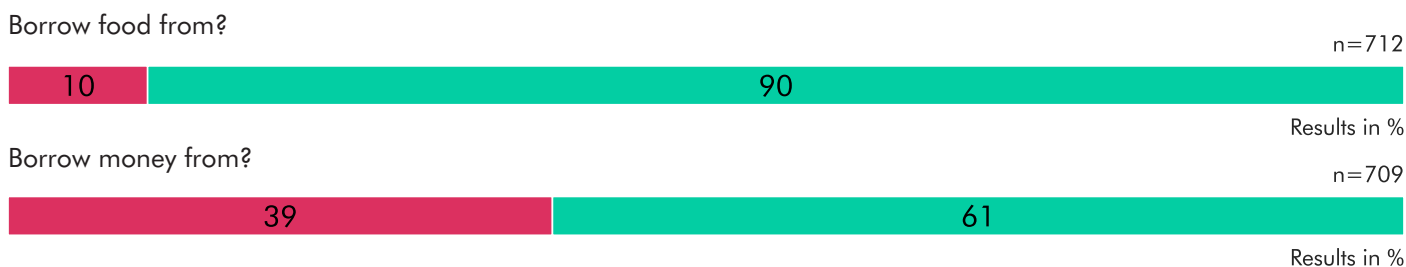
<sup>45</sup> What Matters? 20 May 2020. "Dynamics between the host community and Rohingya people during Covid-19." <https://app.box.com/s/23ilvpkhdjumheexqpm64ka7d0c0za6r>

<sup>46</sup> Ibid.

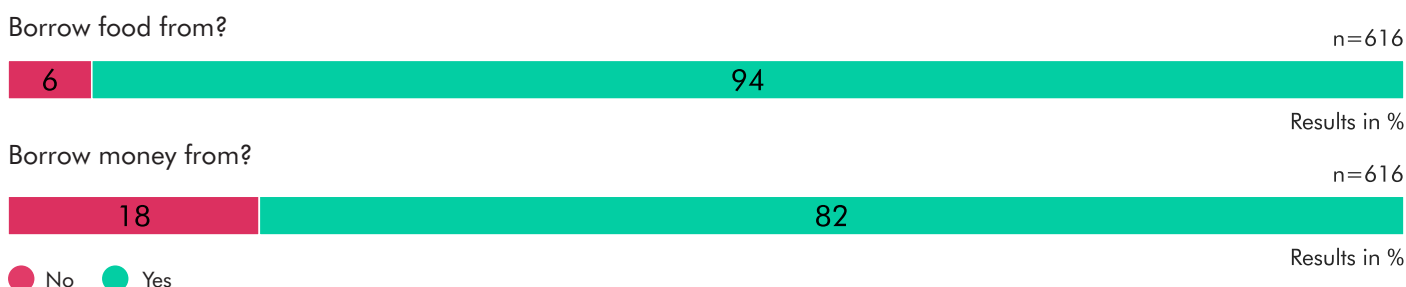
<sup>47</sup> IOM. 2021. "Rohingya Horor: Myanmar Coup & Balukhali Fires."

<sup>48</sup> Strategic Executive Group. "Covid-19 response plan: Addendum to the Joint Response Plan 2020."

## If needed, is there anyone in your (Rohingya) sub-block you can:



## If needed, is there anyone in your (host community) neighbourhood you can:



# 08 SAFETY

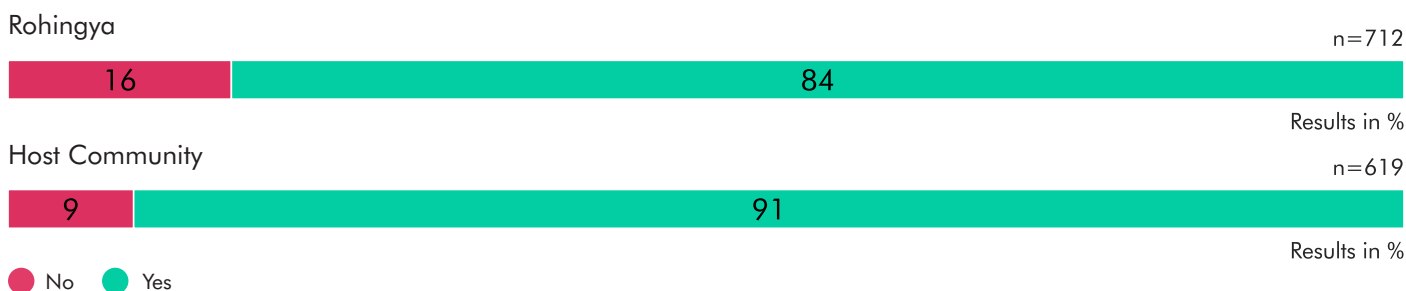
## Covid-19 increases the risk of conflict

Although the majority of respondents can sleep peacefully many people still say they are scared during the night. Of Rohingya respondents, 50% say women and girls in their family are not able to use the latrine safely at night due to a lack of proper lighting, fear of attacks, and the presence of criminal groups; 10% of host community respondents share this concern and cite the

lack of lights, fear of attacks, and presence of strangers as primary risk factors.

Rohingya who report a deterioration in site management, WASH, and protection services are also more likely to voice fears around latrine use. For host community members who feel frightened in their shelter, theft is their primary concern.<sup>49</sup>

## In the last month, have you and your family been able to sleep peacefully?



<sup>49</sup> This echoes the findings of a recent WFP vulnerability assessment. "Refugee Influx Emergency Vulnerability Assessment (REVA)."

## In the last month, have women and girls in your family been able to safely use the latrine at night?

Rohingya

n=713



Results in %

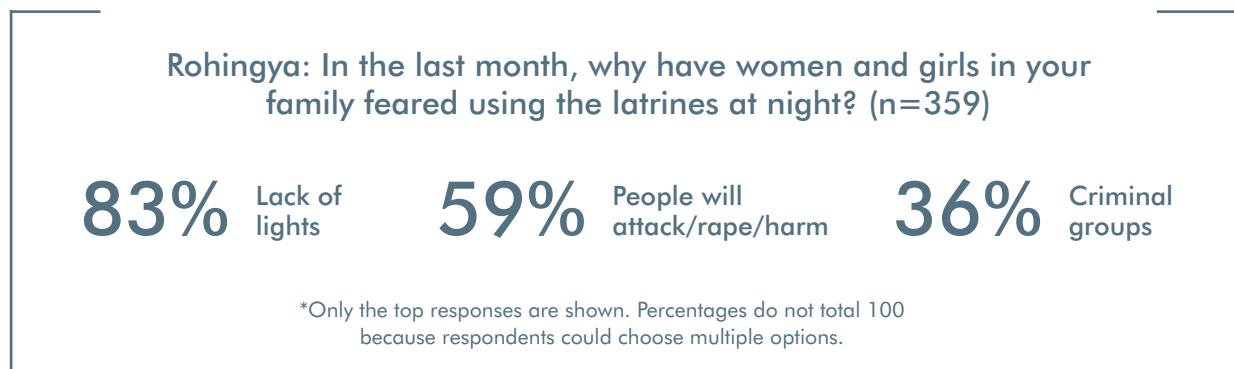
Host Community

n=617



Results in %

● No ● Yes



Covid-19 and subsequent containment measures have increased the likelihood of conflict over livelihood opportunities, natural resources, and access to basic needs. The overall protection environment in the camps has deteriorated due to reduced humanitarian presence and lockdown measures.

According to WFP, around one-third of refugees experienced insecurity in 2020, primarily stemming from movement restrictions, discrimination, harassment, and physical violence.<sup>50</sup> They have also reported an increase in

safety issues when accessing resources including water and food.<sup>51</sup> People are falling prey to smuggling and trafficking networks – among other negative coping mechanisms – in the effort to improve their situation.<sup>52</sup> Over half (55%) of Rohingya surveyed say protection services have not improved over the last year, with those in Camp 9 reporting far more negative perceptions than other locations. Like Rohingya, host community women are also experiencing higher rates of domestic violence, intimate partner violence, and physical violence.<sup>53</sup>

## Have protection services improved in the last year?

Rohingya

mean: 2.1, n=717



Results in %

● No ● Somewhat ● Yes

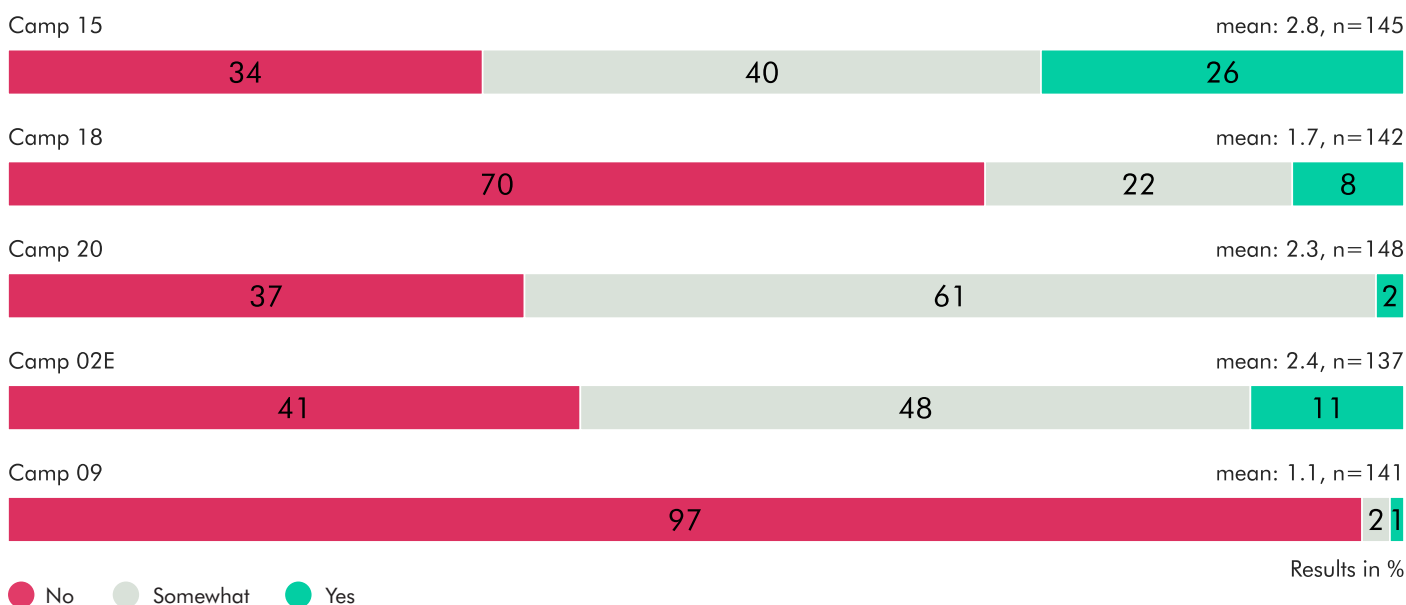
<sup>50</sup> WFP. "Refugee Influx Emergency Vulnerability Assessment (REVA)."

<sup>51</sup> ISCG, IOM, UNHCR. "2020 Joint Response Plan: Rohingya Humanitarian Crisis Mid Term Review."

<sup>52</sup> IStrategic Executive Group. "Covid-19 response plan: Addendum to the Joint Response Plan 2020."

<sup>53</sup> Ibid.

## Protection by location



Throughout Covid-19, women and girls have dealt with an increase in unpaid care, labour protection risks, and mental health issues. According to the International Rescue Committee (IRC), incidents of gender-based violence (GBV) among Rohingya are “shockingly high” – with most cases involving physical assault by an intimate partner.<sup>54</sup> Evidence shows that the availability of GBV services has a direct impact on women and girls’ ability to come forward

with their stories, emphasising the importance of reporting mechanisms and continued access to gender-specific aid and support.<sup>55</sup> It is all the more concerning that protection activities in the camps have been suspended under renewed containment and risk mitigation measures.<sup>56</sup> With ongoing restrictions, ensuring safe and adequate access to GBV and other services will remain challenging but necessary for both refugee and host communities.

<sup>54</sup> International Rescue Committee (IRC). January 2021. “GBV Trends Among Rohingya Refugees in Cox’s Bazar: COVID-19 Update.”

<sup>55</sup> Ibid.

<sup>56</sup> ACAPS. “Rohingya Crisis: Secondary Impacts of COVID-19: Potential Consequences of the May 2021 Containment and Risk Mitigation Measures - Bangladesh.”



# METHODOLOGY

Rohingya volunteers from IOM’s Communication with Communities (CwC) team facilitated interviews with Rohingya refugees, and Bangladeshis from IOM’s Needs and Population Monitoring (NPM) unit facilitated interviews with host communities. The questionnaire was designed in collaboration with Rohingya interviewers and qualitative researchers, drawing from themes commonly explored by Ground Truth Solutions’ perception monitoring work. An adapted version of the tool in Bangla was then used for host community surveys.

## Testing the survey tool

The survey tool was tested by Rohingya interviewers using an initial set of pilot questions derived from qualitative studies carried out by IOM CwC. The interview questions were adjusted based on feedback from this pilot phase.

## Training

Rohingya interviewers received training on both qualitative and quantitative data collection methods through IOM CwC – including on topics such as detection of bias in responses. Bangladeshi interviewers were part of a 100-member enumeration team (NPM) that regularly conducts surveys and assessments in the camps. Most of these enumerators have multiple years of experience in quantitative data collection. Both groups received the same training on the survey tool and how to use the form in Kobo.

## Language

Rohingya interviewers used the original questionnaire developed in the Rohingya language. Bangladeshi interviewers facilitated the same survey using Bangla translations.

## Sampling

*Rohingya:* Out of the 34 camps in the Kutupalong–Balukhali expansion site, we selected five camps based on camp size, population density, and level of refugee community interaction with host communities. Given the overall high population density and lack of census data in the camps, a geo-information-systems-based (GIS) sampling approach was used. Approximately 120 coordinates per enumerator group were randomly generated for each camp. Interviewers then used the coordinates to survey people at these locations. With a sample size of 120 people per camp, the margin of error amounts to 9% at a 95% confidence level. Of the total number of participants, 43% were female and 57% were male.

*Host communities:* In order to provide comparative findings, we aimed to sample in areas adjacent to the locations of Rohingya participants in our study. All interviews with host communities took place outside camp boundaries, using a random walk approach. Of the total number of participants, 69% were female and 31% were male.

**Table 1: Sampling strategy with achieved numbers, Rohingya**

	Camp 2E	Camp 9	Camp 15	Camp 18	Camp 20	Total
Rohingya	137	141	145	142	152	717

Table 2: Sampling strategy with achieved numbers, host community

	Camp 9	Camp 11	Camp 13	Camp 14	Camp 15	Total
Host Community	124	126	126	120	123	619

### Data collection dates

Rohingya participants were surveyed between 1 February and 3 March 2021, and host communities between 6 and 22 June 2021.

## LIMITATIONS

### Gender balance

*Rohingya:* Women in the Rohingya community were more difficult to reach due to gender norms. Research partners observed some hesitancy among women to speak openly, especially with male interviewers. Due to social norms within the camps, the IOM CwC team is comprised of all male staff.

*Host community:* Data from host communities was heavily skewed towards women. Male household members were often out often out working or running household errands during data collection hours.

### Sampling in host community

A lack of recent population data on Bangladeshi communities living within or in close proximity to camps meant that we were unable to employ the same sampling methodology used for the Rohingya survey, wherein shelters were randomly assigned using GIS mapping tools. Instead, a “random walk” approach was used in the selected locations.

---

### Contacts

Kara Wong – Programme Manager, [kara@groundtruthsolutions.org](mailto:kara@groundtruthsolutions.org)

Amanda Panella – Programme Analyst, [amanda@groundtruthsolutions.org](mailto:amanda@groundtruthsolutions.org)

### Recommended Citation

Ground Truth Solutions, “Balancing act between health and livelihoods in Cox’s Bazar,” October 2021

For more information about our work in Bangladesh or to provide feedback on this report, please contact Meg Sattler ([meg@groundtruthsolutions.org](mailto:meg@groundtruthsolutions.org)).

This paper presents key findings from our fifth round of perception surveys with Rohingya and host community members in Cox's Bazar. Our quantitative survey is conducted in partnership with the IOM Needs and Population Monitoring (NPM) and Communication with Communities (CwC) units. With the support of the Australian Department of Foreign Affairs and Trade (DFAT), Ground Truth Solutions will continue to collect surveys on a bi-annual basis to inform response planning and programme adjustments. To see our previous reports on feedback from Rohingya and host communities, or findings from our COVID-19 perception survey, visit our website.

Perception data Ground Truth Solutions gathers feedback from affected people, using their views, opinions, and perceptions to assess humanitarian responses. Gathering perception data from affected populations should be viewed as complementary to other monitoring and performance data. Collecting feedback 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 understanding local knowledge. Whenever possible, the process of collecting such feedback should be followed up with longer-term dialogue between affected communities and aid agencies. Communicating the results of the surveys back to affected people and triangulating perception data with other information sources is central to our approach in Cox's Bazar.