



PROTECTION SECTOR

COX'S BAZAR, BANGLADESH

ISCG
INTER SECTOR
COORDINATION
GROUP

**Rohingya
Refugee
Response**
Bangladesh



Cox's Bazar, Bangladesh

Community Consultations: Adjustments to Assistance

Impact and participation mechanisms for Rohingya Refugees

NOVEMBER 2023

CONTEXT

Rohingya refugees living in Ukhiya and Teknaf in Cox's Bazar district have relied heavily on humanitarian assistance. For the first time, the response to the Rohingya's protracted crisis has led to the reduction of refugees' food assistance and soap distribution, and an adjustment of assistance in Liquid Petroleum Gas (LPG) as of September 2023.

An estimated 965,467¹ refugees used to receive food assistance via vouchers valued at US\$12 per person per month, and families were able to choose from over 40 dry and fresh food items located at World Food Programme (WFP) outlets available throughout the camps. On February 2023, WFP announced² the reduction of food voucher entitlement from US\$12 to US\$10 per person per month starting 1 March 2023. A second round of reduction of food voucher entitlement from USD\$10 to USD\$8 came into effect on 1 June 2023. The food cut announcement by WFP was made through various channels, including door-to-door leaflets, sub-block level key message dissemination, and outreach to different stakeholders at the outlets, with a focus on key messages for Beneficiary Nominee Families (BNFs).

The Water, Sanitation and Hygiene (WASH) Sector also decreased the number of bathing soap on the 1 June 2023: refugees are now receiving one bathing soap³ per person per month instead of two. Additionally, the implementation of pressure cookers was introduced (with associated training) to reduce the amount of LPG, with LPG refill adjustment starting on 5 June 2023 among the population who had already received pressure cookers⁴.

Rohingya Refugee Response partners seek to ensure refugees are participating meaningfully in decisions that affect them and engage in priorities linked to the ongoing funding shortages. Considering the recent adjustments to assistance, the Protection Sector and its partners seek to strengthen Accountability to Affected Populations (AAP) in an effort to increase effective quality assurance across the response regarding the needs of people, and in accordance with their age, gender, and diversity.

This report reflects the findings from a series of community consultations conducted by the mentioned partners in August 2023 to better understand how the refugee community perceives the adjustments to assistance, and how the humanitarian community can better involve them in any potential future decisions on adjustments. For more information, and on the methodology of the consultations, see the last page of this report.

The first part of this report outlines how refugees were consulted and how they learnt about the changes to food rations, soap rations, and LPG cycles, including information-provision and their understanding of the reasons why these adjustments took place. The second part describes the impact that the adjustments of assistance had on specific population groups and within the community, and any other possible impacts on access to other assistance and services, according to refugees. The third part outlines refugees' perceptions of the effectiveness of feedback channels available to them during this time, and opinions and suggestions on how to improve the way in which humanitarian organizations make these decisions, implement the changes, and communicate the updates. Finally, as a way forward, communities were also consulted on the assistance and services they would prioritize the most and the least, and any specific groups or persons who should be prioritized, if further adjustments were to take place in the future.

¹ Figures as of 30 September 2023, UNHCR Operational Data Portal: <https://data.unhcr.org/en/country/bgd>

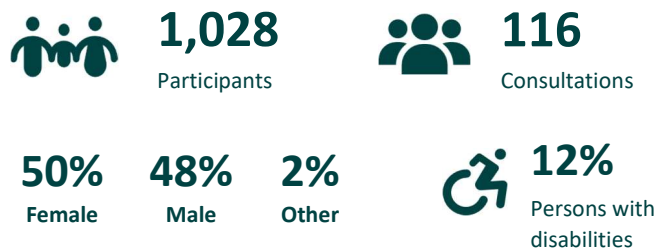
² WFP, Lack of funds forces WFP to cut rations for Rohingya in Bangladesh: <https://www.wfp.org/news/lack-funds-forces-wfp-cut-rations-rohingya-bangladesh>

³ One (1) bathing soap is equivalent to 100-150 gm, and one (1) laundry soap is equivalent to 125-150 gm.

⁴ By 4 September 2023, 95% of households had received pressure cookers. UNHCR distributed pressure cookers and provided training to all families by the end of July 2023 in UNHCR AoR.

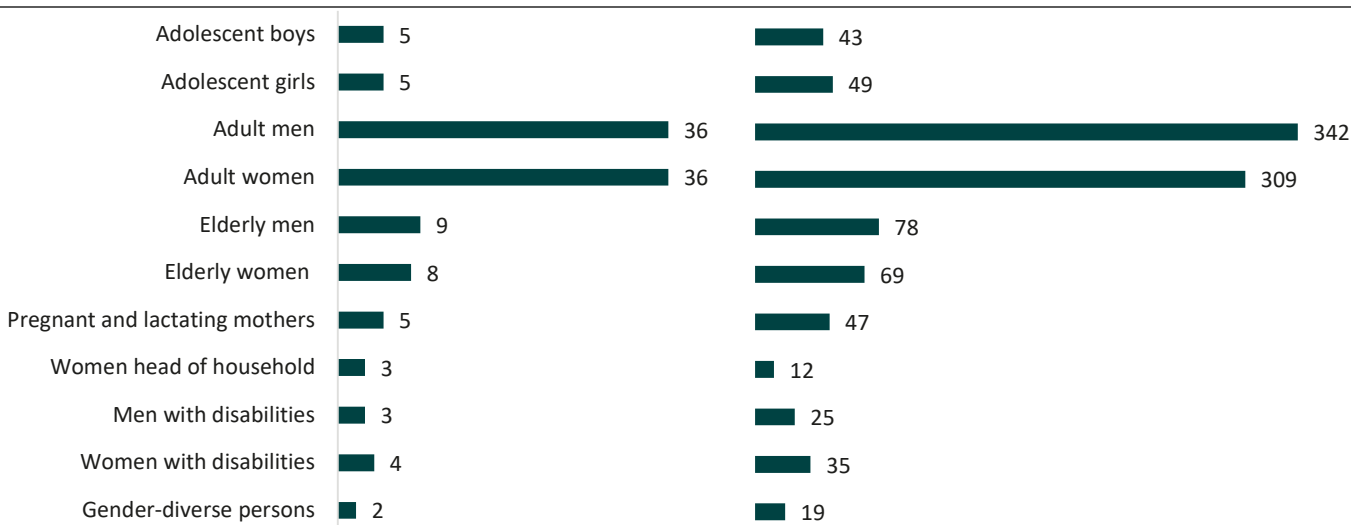
The views and priorities shared by refugees in this document through community-based consultations pave the way to improve decision-making processes that directly impact refugee lives and will help develop better communication and feedback tools to ensure accountability and transparency. Moreover, coordination of community engagement will contribute to minimize risks of misinformation, rumours, and duplication of efforts, which will also allow to better respond by placing at the centre the dignity, capacity, and ability of Rohingya refugees.

SCOPE OF CONSULTATIONS

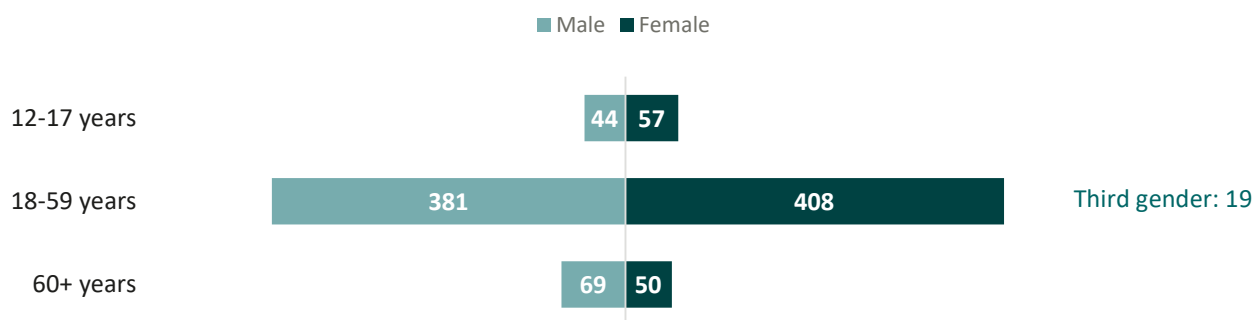


of Consultations (Focus Group Discussions)

of participants



Participants by age group and sex



FINDINGS

1. INFORMATION DELIVERY & PERCEPTIONS OF REASONS BEHIND ASSISTANCE ADJUSTMENTS

Most participants in the Focus Group Discussions (FGDs) were aware of the reduction of entitlement of the food vouchers but didn't have clear information about the reason behind it. Participants shared that they were not provided with enough, clear, and accessible information on the reduction of entitlement of the food vouchers. Some of the reasons refugees thought were behind it, were a "funding crisis in the United Nations," the Russia-Ukraine war, the earthquake in Türkiye and an increase of food prices. Some people suggested pressure was being put on the communities to force them to go back to Myanmar or relocate to Bhasan Char.

Older men and women that participated in the consultations knew about the adjustment but learnt only through other family members and some via volunteers that reached out to them. In a group discussion, one of the older women thanked the organizations for seeking their participation prior to the introduction of the measure to reduce LPG. However, most of the older refugees stated that the provision of information wasn't fully tailored to their understanding, and pointed out that persons with disabilities and older persons who are bedridden should be prioritized when adjusting any assistance, given the barriers they already face to access information and services.

"We cannot understand the English writing in that paper."

- Older man, Camp 22.

Older women shared their thoughts about the reasons behind the adjustments, such as the Bangladeshi Government making this decision to pressure people to return to Myanmar due to increased security issues in the camps. Others mentioned this was linked to their fate as an act of God's will.

Across the 36 FGDs held with Rohingya men, it was this group that showed to be better informed. Participants gave explanations for what led to the "food cuts," including WFPs lack of funds and their need to extend assistance to new emergencies in other parts of the globe (including Türkiye, Ukraine, and Afghanistan, where a growing number of refugees need support). Men listed the following means by which they received information: Camp in Charge (CiC) office meetings, leaflets, humanitarian staff and volunteers, radio news, people within the community, and community leaders.

Although there was an overall understanding of the reason behind the adjustments, most of the men also believed some rumours they heard in the community about the Government adopting a new policy to indirectly pressure the community into accelerated repatriation. Other men pointed out that the authorities in the camp were "imposing a punishment" to the community due to the increased armed violence, and some suggested that the rapid growth of the population in the camps left WFP unable to assist everyone. Other reasons that came out of the consultations with men included: reluctance amongst humanitarian actors and the Government to continue to support Rohingya refugees for a longer period as they were a "burden" for the country; humanitarian staff and volunteers being paid from the funding allocated to assist the communities; and the interpretation that the sale of some of relief items by refugees meant a decrease in their needs.

Men expressed their anxiety and fear about the future since they felt they couldn't manage their basic needs with the reduced support. All participants agreed that there was a need to have clear information about the reason

behind the ration cuts, so that the community could better adjust to the reduced support and be able to prepare beforehand.

On the other hand, most of the women participating in the community consultations stated that they weren't informed before the adjustments took place and weren't aware of the exact reason for the ration cuts nor believe in the accuracy of the information they were provided with. Women developed their own understanding based on unverified information received from different sources among the community, which includes: the Government putting pressure on them to move to Bhasan Char or Myanmar, WFP "punishing" them for selling their items in the market, higher birth rates among the community, increased armed violence inside the camps, and not updating their data cards regularly, especially when someone dies.



FGD with women in Camp 6 – UNHCR, @Reina

“It is possible that the Government of Bangladesh aims to repatriate us, but as refugees, we are unwilling to return to Myanmar without the assurance of justice.” – Woman, Camp 8.

Participants with disabilities expressed the need for more information and sensitization on the adjustment of assistance. Women with disabilities were less aware of the changes in food rations than men; a few of them said that they were informed by volunteers and that the reason for the reduction was the overlapping of new emergencies and consequences of the impact of COVID-19. However, most of the participants highlighted the lack of access to information as well as proactive mechanisms to collect their feedback.

“We don't know why these changes happened because nobody described it to us. [As women] we can't go to collect relief items, so we can't ask them the reason.” – Woman with disabilities, Camp 10.

Pregnant and lactating women were all aware of the adjustments in assistance and particularly referred to the reduction in food, with most of them giving their own explanation as to why this had happened based on what community members had told them. They came to know of the adjustments from community volunteers working block to block, site management support (SMS) volunteers, and community leaders (including Majhis and Imams). One participant in the women-headed households focus group discussions said she didn't hear about any changes before they took place; she learnt about the food ration adjustment only when she received the token for the food distribution and received the pressure cooker but wasn't aware about the extension of the LPG refill cycle. All 92 adolescent girls and boys were aware of the adjustment of assistance; they were informed by WFP volunteers, leaflets, use of voice-amplifiers, community leaders, and their parents. Both boys and girls identified common reasons for the ration cuts such as the funding crises and global humanitarian issues, with girls additionally noting natural disasters as the main reason. While both genders acknowledged severe impacts of the ration cuts, boys highlighted adolescents moving to other countries and increased crime rates; and girls emphasized resorting to borrowing money and purchasing less essential food or hygiene items to cope with the adjustments.

Third gender respondents heard about the changes to food rations, soap rations, and LPG from neighbours and via message dissemination through the leaflet distributed by WFP. However, they emphasized that the third gender community lacks access to timely information about significant issues as they are not usually included in any kind of consultations.

Conclusion

Messaging and information delivery failed to reach all population groups equally; women were less informed than men and didn't have a clear understanding of the reason behind the adjustment of assistance — especially for the food voucher reduction — which led to personal interpretations of these events, such as external pressure on communities to encourage repatriation and punish persons for increased violence in the camps, as well as the use of response funding to cover non-direct or in-kind assistance to refugees. Older people and persons with disabilities received communication through volunteers, but the majority stated that they wished they had been better informed. Participants raised questions about their role in decision-making processes and suggested that such adjustments should be consulted and explained to them beforehand, so that they can prepare ahead and plan accordingly.

2. IMPACT OF ASSISTANCE ADJUSTMENTS

According to the input gathered from men participating in the community consultations, they have been seriously impacted by the adjustments in terms of associated safety and security concerns in the camps: theft, robbery, abduction, and intimate partner violence (IPV). Men stated that the adjustments have led to increased disputes and aggressive treatment within families:

"Every month, we need to borrow rations from relatives and neighbours. I have seen some resorting to illegal activities like theft, looting, extortion, arbitrary detention, and physical torture to obtain money." – Man, Camp 8W.

64% of the FGDs with men indicated that elderly people are more likely to be disproportionately affected by ration cuts due to their age, physical condition, and limited opportunities for alternative income sources; 47% of the FGDs conducted with men highlighted that people with disabilities were another vulnerable group that was most affected by the adjustments. Women-headed households were mentioned in 39% of the FGDs, while emphasizing the challenges they face, such as the increased risk of human trafficking and gender-based violence. Widows were also recognized as a group impacted by ration cuts in 31% of the discussions noting their lack of social security and limited employment opportunities. 22% of FGDs point to larger families, while 14% to child-headed households — with both profiles at risk of engaging in hazardous alternative work arrangements to meet their basic needs.

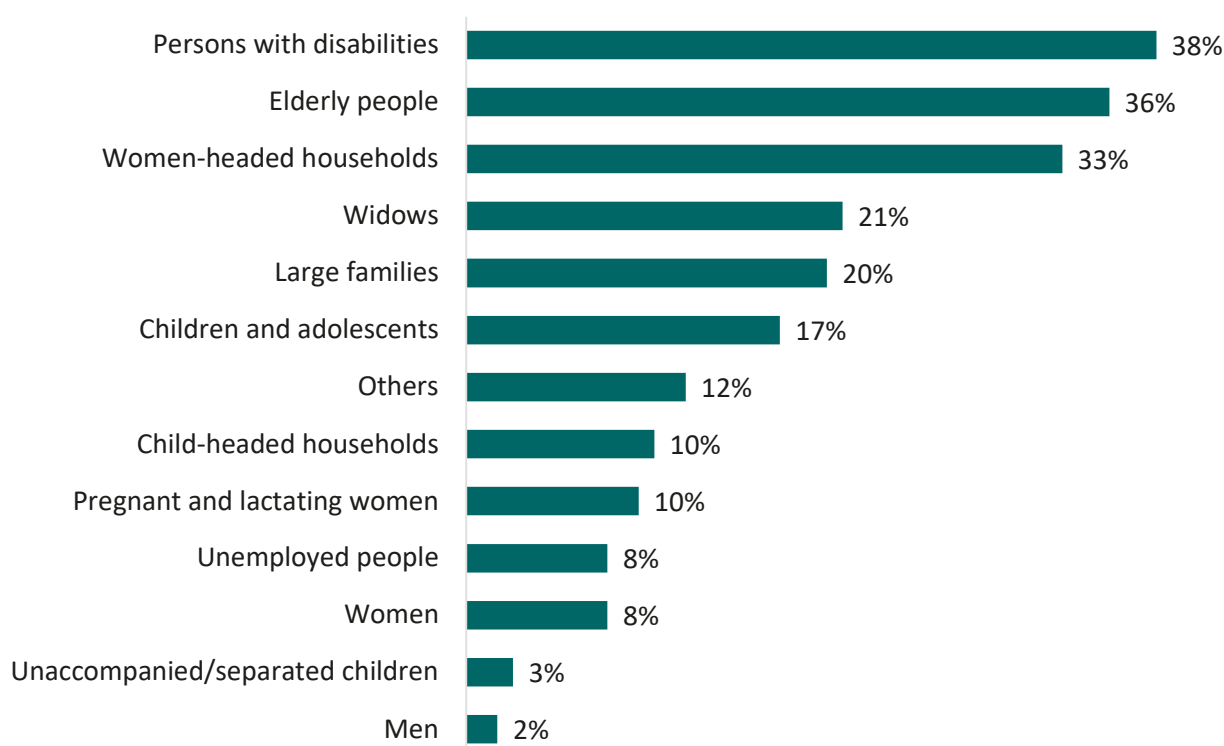


Rohingya refugee women receiving food from the WFP outlet in Camp 4 Extension at Kutupalong Rohingya Camp - WFP, @Nihab.

Most women who participated in the 36 FGDs indicated an increase in child labour, gender-based violence, trafficking, theft and looting as a result of the adjustments. Some suggested that changes in food rations are leading to violence within families, as women can no longer cook proper meals. 22% of female FGDs identified widows as the group most affected by ration cuts, followed by individuals engaged in cash-for-work schemes and those suffering from chronic illnesses. 17% of the female FGDs listed women-headed households, elderly persons, and larger families as groups that are disproportionately impacted by the adjustments, while 11% of FGDs highlighted unemployed individuals as being most hit by the adjustments, emphasizing their limited earning opportunities.

Population groups mentioned as most affected by adjustments to assistance

(number of FGDs in which mentioned, as percentage of total number of FGDs)*



Men with disabilities all agreed on the fact that they fully depend on assistance for a living, and therefore the reduction of LPG, food, and soap impacted their hygiene and well-being.

"We can't shower properly due to reducing the amount of soap, and now the itchiness is increasing". - Older man, Camp 22.

* Most FGDs mentioned more than one population group as most affected.

All of the FGDs with men with disabilities shared that persons with disabilities in general were the most affected by the adjustments in assistance due to limited or no access to resources, followed by women-headed households (67%) and the unemployed (33%). Women with disabilities shared that their daily necessities were unmet: they didn't have enough cooking oil, food, or extra soap for cleaning—and mentioned an urgent need for medications. The women felt that this had led to an increase in refugees leaving the camps to other countries. 100% of the FGDs with women with disabilities believe that individuals with disabilities are the most affected by ration cuts, emphasizing their limited access to resources in general and their complete reliance on humanitarian assistance; half of the FGDs identified women-headed households to be the most affected; while 25% of the FGDs consider other groups such as children to be more impacted as it puts them at risk of hazardous child labour.

89% of the FGDs with elderly men believed that women-headed households were the most affected by the adjustments, as they have limited access to income-generating activities; and 78% of the FGDs indicated that elderly people are the most affected by the ration cuts due to their overall health conditions requiring all nutrients: carbohydrates, fats, proteins, vitamins, minerals, and water. On the other hand, 50% of the FGDs with elderly women expressed that people with disabilities were the most impacted; and 38% of the FGDs highlighted widows as the most affected group, since they rely heavily on rations and assistance. Older women pointed out the deterioration in their mental health, and a constant feeling of stress due to a lack of resources.

All respondents from women-headed households believed that they themselves were the most affected by the ration cuts, due to the social stigma and safety concerns when trying to look for employment outside their homes. Some added that they had resorted to selling some of their rice and oil to purchase other essential items. As a result, at the end of each month, families encounter difficulties in providing enough food.

"We sold rice and oil to buy necessary commodities; but after 20 days, almost all rationed supplies were exhausted. During the remaining days of the month, we must live half-starved. As a result, we are suffering from malnutrition and cannot receive proper treatment." - Older woman, Camp 24.

60% of the FGDs noted pregnant and lactating women were the most impacted by the adjustments since children's food supply is insufficient. Pregnant and lactating women stated that male family members are getting involved in illegal activities and that conflict and quarrelling have become regular issues because of unfulfilled basic needs. Persons with disabilities were also referenced as being particularly affected, given some unique dietary needs and nutritional requirements; and a smaller percentage of responses mentioned children as being the most affected by the adjustments in assistance.

Adolescent girls stated that all the community members have been affected by the adjustments since they used to sell food rations in order to fulfil their other needs such as clothing/shoes and soap. With the recent reductions, they are forced to borrow money from others. They shared that children and adolescents were particularly affected, due to their nutritional demands to grow healthy. Adolescent boys also stated that everyone in the community is affected by the assistance cuts, regardless of age, gender, and occupation. However, they felt persons with disabilities, children, and adolescents are especially affected. Adolescents shared that child-headed households are becoming more involved in hazardous work to earn an income; and adolescent girls are being married off as they are sometimes considered a financial burden to the family.

Third gender participants stated that they already face discrimination in terms of access to work, health, and community activities. They are excluded from regular employment opportunities reserved for people complying with heterosexual norms. Now with the recent shortage of assistance, life has become more challenging for them in terms of stigma and illness. One of the respondents shared an incident about a father of 14 daughters suffering from a heart attack as a result of hypertension when he learnt about the ration cuts. Third gender respondents highlighted that violence (especially gender-based violence) has increased amongst family members because male providers are failing to afford all the needs for their families. As a result, Rohingya men feel compelled to leave the camps to earn money.

One of the community groups most affected by the adjustments, according to half of the FGDs with third gender people, are the elderly, who no longer receive enough food and have limited medical treatment and adequate water in some cases. Some of the participants also mentioned that most of the time, they find that the received rations are inedible or kept in an unhygienic environment during the distribution. Third gender participants also emphasized that they were one of the most affected groups of people in the Rohingya community due to the ration cuts. Due to their gender identity, they are already vulnerable to social stigma, which bars them from accessing regular income-generating sources; and the adjustments in assistance have further exacerbated this vulnerability.

“We are already a burden to the family. Now that we can no longer contribute to our families’ daily expenditure due to the ration cuts, we have become a bigger burden than before.” - Third gender participant.

Conclusion

Adjustments to assistance had a disproportionate impact on some of the refugee population groups. Older refugees were particularly affected since they have less income-generating opportunities (needed to supplement their needs) due to age-related factors. Some children and adolescents were said to be engaging in dangerous work to make some money, and persons with disabilities experience significant challenges as they often face physical, communication and transportation barriers to move around the camp and obtain additional financial resources. Women-headed households face social stigma and insecurity when seeking employment outside their homes to continue providing for their families, and pregnant and lactating women are struggling to address the unique dietary requirements of themselves and their babies.

Participants also reported widespread negative impacts on the physical wellbeing of all population groups, with most of households eating smaller meals, cutting some food items, and experiencing a deterioration in hygiene conditions. The psychological and mental wellbeing of older women and men has declined due to the adjustments, with both IPV and conflicts on the rise as a result of stressful living conditions. Male refugees feel embarrassed by the fact that they cannot provide for their families. As the security situation has strongly deteriorated, refugees are pushed into illegal activities to earn additional money or else risk cross-border movements and travel.

3. ACCESSIBILITY AND USE OF COMPLAINTS AND FEEDBACK MECHANISMS

Older men highlighted that although they believe some persons in the community are still not aware of available channels to share their feedback on reductions to assistance, most of them are informed of the tools and that they are accessible to all. Most of the challenges shared regarding community feedback mechanisms (CFMs) were related to the resolution of complaints. Participants stated that they do not find the CFMs useful or effective because their issues are not addressed or they don't receive support in a timely manner, even after complaining several times. Some participants said that the community doesn't know which kind of issues have to be raised and where they need to raise them. Others felt that community leaders such as Majhis don't disseminate the information they receive from their meetings with CiCs, which further exacerbates these concerns. Therefore, they feel that approaching CiCs directly is more helpful, although they are unsure how to navigate this process. They think a proper and functional feedback system would improve their situation. Some of the channels specifically mentioned during the discussions were calling hotline numbers, reaching out to site management teams, and visiting the CiC offices.



FGDs with women in Camp 11 – UNICEF, @Rafsan

As for elderly women, they stated that they were not aware of available feedback channels. Those who confirmed being informed about CFMs had never submitted a complaint. Many were unsure about the process or else too afraid to complain. They pointed out that suggestion boxes were not equally accessible to all because most

community members cannot read or write, and the boxes are often physically placed too high for persons with disabilities and children to reach. Regarding the ration cuts, one group requested a hub to complain about this issue specifically. Some also believed there was no benefit to submitting complaints. Instead, they felt that going to the CiC would be more effective.

Men stressed that the availability of feedback channels wasn't their main concern due to the perceived low efficiency and reliability of these systems. Many participants confirmed having already submitted numerous complaints regarding adjustment of assistance via info hubs/centres, humanitarian staff and volunteers, CiCs, helplines, Majhis, CPC (Community Protection Committees), protection desks, community meetings, and through their neighbours. Although inclusive, they did note that women, children, and the elderly are less likely to be aware of their options for submitting complaints related to these recent changes.

One group of men mentioned that although all service points have suggestion boxes, they are actually not functional or based on their needs. Physical barriers and distance are also an issue for persons with disabilities and elderly persons to access information desks; and hotline numbers are often busy, unreachable, or with long wait times for little results. Men participating in another focus group discussion felt frustrated by the seemingly never-ending referral loop, lack of timely resolution/solutions, lack of responses from authorities, and difficulties in accessing correct information. Several participants did acknowledge the availability of food service providers to discuss entitlement cuts, but only during food distribution times. They were also upset that a similar dedicated channel wasn't available to them to discuss concerns specifically regarding adjustments to LPG and soap packages:

“We couldn't get proper information from the LPG office, nothing for soap also. In terms of food, we are able to talk with food service provider. But there is no clear mechanism for people to provide feedback about soap and LPG.” – Man, Camp 20 Ext.

One suggestion that was shared by men was to have only one dedicated information desk per camp that could collect and consolidate all types of cases and later refer them to the respective agencies for prompt action. This would also ensure the dissemination of accurate information, as some participants didn't feel that volunteers cascade down the proper updates or explanations. In one example, participants said they were informed that the reductions in assistance were only temporary.

In most of the focus groups discussions, men raised that they were not sure if regular feedback channels could/would collect complaints specifically about reductions in assistance:

“The community is not aware of the channels or offices for providing feedback, raising complaints, or sharing opinions about these adjustments. Only community leaders and a few influential individuals can communicate with WFP or CiC officials to express their concerns or opinions.” – Man, Camp 10.

Women highlighted they were aware they could submit complaints through community meetings, household visits, info desks, humanitarian staff and volunteers, helplines, and CiCs. Their preference tended to be through Women and Girls Safe Spaces (WGSS), Women Friendly Spaces (WFS), and community outreach members. Some were aware of suggestion boxes but said they had never personally used them. When they were not sure where to submit feedback, they tended to approach their block Majhis or Site Management offices instead.

Similarly, women shared that they could raise complaints at food distribution points but not at LPG distribution points, because they were not treated respectfully there. The women also noted that they weren't sure who the LPG service providers were. They raised a lack of dedicated channels to discuss the reduction in soap entitlements.



FGD with women in Camp 6 – UNHCR, @Reina

Although participants believed they could complain at food shop help desks regarding ration cuts, they did not feel it was sufficient as they were not able to receive the information they were requesting and had not observed any tangible results or outcomes from this:

“There is a help desk, and we met with them and gave a complaint. But they didn't give us any feedback, which is why we don't trust them” – Woman, Camp 11.

The female group discussions also raised that although they complained several times at the food distribution points, they felt neglected by the volunteers working there because no action was taken. Participants noted the same when using helplines, as they didn't receive a call back. Women also shared concerns about retaliation when complaining to partner volunteers and staff because complainers are often directly confronted about their comments. This contributed to women feeling less comfortable complaining directly at distribution points. Some women said they would prefer going to Rohingya leaders instead, because they are worried about receiving less food as a result of complaining directly to service providers.

The women also stated that some inaccurate information had been shared; for example, they were told by volunteers to complain about the ration cuts directly to the CiC through an application. Some women commented that they were afraid of complaining to CiCs due to the fear of being arrested or imprisoned. For this reason, they usually requested Majhis to convey their concerns on their behalf. They recommended sharing more messages before implementation via door-to-door, Imams, townhalls with block-level leaders, and mosque loudspeakers.

Many women shared that although they wanted to raise their voices and have them be heard, they believed there was no point in sharing any feedback, as the decisions had already been made without their consultation. They felt that a proper and functional feedback system would greatly improve the situation, as currently they are aware of various channels but do not use them because they consider them ineffective. Participants also suggested that actors first review community feedback before implementing any changes, and use the feedback to inform the changes. Additionally, the women requested hotline posters for every household, given that many don't know the number. To ensure more equal female participation, they suggested collecting feedback through in-person sessions with women.

Men with disabilities acknowledged that whenever someone would go collect food at distribution points, they were handed a ration reduction leaflet; but they felt that feedback channels were not useful to share complaints about adjustments to assistance packages. They stated that most of the time the issues were not resolved, and they don't receive any responses. Participants also raised that Majhis, Imams, and other influential people living in their blocks were able to share their opinions, because they are regularly invited to attend various meetings and other activities. Female participants with disabilities stated that, because they cannot go outside and stay indoors most of the time, they never paid much attention to or gave feedback channels any importance, and therefore were not well informed about them. The participants who were aware, did not feel that the feedback mechanisms and systems were equally available to them, since they are dependent on their caregiver and cannot easily submit complaints. Participants shared that complaint boxes were not physically accessible to them because they are placed too high.

Pregnant and lactating women said they were aware of where to go to share feedback on the adjustments, such as Site Management, CiC office, and food distribution point help desk. They requested for partners to organize gatherings to discuss these issues for better communication. Most women-headed households who participated in the consultations stated they were not aware of specific feedback channels to share their concerns about the recent changes to assistance packages, except for hotlines. However, they had never used the hotlines because they believed their issues would not be addressed or considered in any decision-making process. Some said they had never submitted any complaints, particularly because they are afraid. Others were not even aware of available mechanisms at the food outlets, such as the helpdesks. Many participants mentioned that they preferred to raise their issues with Majhis first, and then go to CiCs if not resolved. According to the respondents, children, elderly persons, and those with disabilities have difficulties accessing feedback mechanisms either because they are not properly informed, or because they don't feel confident and comfortable to share their opinions.

Most of the consulted adolescent boys were informed about available feedback channels to share their concerns. Amongst the 49 adolescent girls consulted, 21 shared that they weren't aware about the existence of feedback mechanism in the community, some stated that they knew about these but were unsure whether any feedback on their reports would be given to them. Both adolescent girls and boys believe that existing feedback mechanisms are not accessible for people with disabilities or children.

All third gender respondents expressed they didn't have any information about feedback mechanisms. One respondent also voiced their distrust and disappointment about not receiving any real help from humanitarian organizations after sharing a complaint. One respondent highlighted the limitations in equal access to feedback channels, as people with disabilities can only share their concerns if humanitarian actors (both volunteers and staff) go to their shelters to hear about their issues. Third gender participants all agreed they must depend on others to convey their concerns, opinions, and complaints as they have no representatives from their community. They added that they can only share their concerns and voice their opinions comfortably in the offices of Bandhu⁵ at Kutupalong and Kerantoli, as it is one of the few actors providing dedicated service.

Conclusion

Participants consulted on feedback mechanisms believed that mainly Majhis and religious leaders are given priority to express and communicate their concerns. Participants also noted they knew about some of the available complaints and feedback mechanisms but lacked trust in them —including fear of retaliation as, for example, humanitarian workers receiving complaints about their own organization, or colleagues often reporting them to the person responsible for that service delivery.

Women shared that although they wanted to raise their voices, they believed there was no point in sharing any feedback as decisions were taken without their consultation regardless. Refugees from all population groups felt that a proper and functional feedback system would greatly improve the situation, as currently they are aware of various channels but do not use them because they consider them ineffective. Persons with disabilities and children were amongst the most cited groups that have limited access to complaint and feedback mechanisms, as those mechanisms are not properly adapted to them.

⁵ Social welfare society working with gender diverse populations: <https://www.bandhu-bd.org/about-bandhu>

4. RECOMMENDATIONS ON MEANINGFUL ENGAGEMENT

Older men unanimously expressed a strong desire for active involvement in decision-making processes that directly affect their community. A particular concern raised is the perceived decline in benefits for refugees, attributed to the lack of refugee involvement in decision-making. To address this issue, older men suggested community-level meetings involving all members: Majhis, Imams, community leaders, and volunteers. They proposed a monthly coordination meeting at the camp level, as a mechanism not only for prioritization but also for local-level advocacy with governmental bodies and donors. It was also noted that separate sessions for male and female refugees are needed, while considering the needs of persons with disabilities. While the expectation is for leaders like Majhis and Imams to play a more active role in convening all members of the community, it is acknowledged that their personal commitments may impact their level of involvement in community meetings and information sharing exercises. Moreover, the participants advocated prioritizing vulnerable groups that experience difficulties due to changes in assistance, underlining the need for a more targeted and inclusive decision-making process.

Older women stressed the need for direct consultation with humanitarian actors during decision-making processes to ensure alignment with the community's needs and priorities. The importance of conducting community-level meetings involving all members was emphasized. Majhis are seen as pivotal in facilitating communication and engagement with decision-makers, while the CiC is recognized as the most influential figure in the camp. Most of the older women stated that the community places significant trust in Imams, block Majhis, and CiCs. Gender-sensitive approaches are deemed crucial, and separate information-sharing sessions for men and women were highly encouraged by women. Monthly meetings with representatives from each block and age group were proposed for effective prioritization of assistance, with participants endorsing the inclusion of Majhis, Imams, teachers, and influential women.

Men participating in FGDs recommend the inclusion of various community members, including teachers, religious leaders, and older people. This is regarded as essential for the representation of diverse needs and opinions from the community. Due to cultural and religious considerations, men suggested to ensure both female and male refugees' perspectives are included in separate discussion sessions. Participants also highlighted the importance of empowering the community and fostering ownership of decisions by engaging existing community structures, such as mosque committees and camp committees; these are regarded by men as spaces facilitating better information dissemination and community buy-in.

Women stressed the need for organizations to directly engage with the community through meetings and active listening to understand arising needs as a result of the adjustments of assistance in a timely manner. Community leaders, particularly Majhis and Imams, are also viewed by female participants as valuable resources due to their knowledge and ability to advise on decision-making processes. Women also proposed separate information-sharing sessions for males and females with government authorities before decisions are made. Block-level meetings were recommended to effectively communicate the reasons behind decisions, and in this way reduce tensions and misunderstandings.

Men with disabilities noted that a hierarchy in the decision-making process is present within the community, with the head of the household primarily responsible for family-level decisions. Participants highlighted the importance of community-level meetings involving all community members, as a platform for addressing community issues collectively. Majhis and religious leaders are regarded as important contributors to community-level activities and decision-making processes. The community is open to engagement with organizations, including the possibility of yard meetings or other community-level sessions, to address problems and seek assistance.

Women with disabilities expressed uncertainty about participating in decision-making processes themselves, indicating a need for clearer communication, participative mechanisms and guidance on effective engagement.

Trust in influential elderly individuals and religious leaders was also mentioned. However, some of them had reservations about trusting Majhis. Rohingya community volunteers working with humanitarian organizations were said to be trusted facilitators of communication and participation, as well as key actors to a consultative approach with the community.

Pregnant and lactating women expressed a lack of confidence in finding trustworthy individuals within their community to represent their interests or negotiate on their behalf. They emphasized the importance of their opinions being considered in any changes related to aid or services provided by humanitarian agencies. Some level of trust is placed in Imams and Majhis, and they find dissemination of information through mosque-based systems useful. Pregnant and lactating women also noted that they trust community volunteers, and recommended arranging more meetings with them, as well as involving a suggested figure of “community block-based judge”.

Women-headed households emphasized that receiving early information is crucial, highlighting the community's desire to be informed about decisions and changes well in advance, in order to be able to include their concerns and suggested solutions. Community centres were favoured by women as venues for consultations, as they facilitate face-to-face interactions and community engagement. Consultations at the block level are preferred, to tailor decisions to each block's specific needs and dynamics. Involving key leaders such as Majhis and CiCs in the decision-making process was noted as essential, and decisions should consider inputs from older people and educated individuals within the community, to ensure a diverse range of perspectives and expertise.

According to adolescent boys, prior consultation should be conducted with all population groups in the community, including both adolescent boys and girls. Adolescent boys believe that through their participation in FGDs and community consultations, the accountability in decision-making processes by all humanitarian actors would improve. Trust in Majhis, Imams, religious leaders, and parents was voiced by adolescent boys and girls equally.

Third gender respondents stated that they feel they aren't included in any consultations and decision-making processes. They expressed their distrust towards the refugee community, as they are often discriminated against, and said they can only trust their parents sometimes. Some respondents expressed their willingness to participate in consultations and decision-making processes where they can voice their opinions safely. They expressed appreciation for being hired as part of the Disaster Management Unit (DMUs) as part of community engagement efforts. Some suggested the inclusion of senior members of the community, Imams, and vulnerable people as well, since they might have different needs, and therefore humanitarian agencies should understand these before making any decisions. One respondent suggested holding consultation meetings on Fridays as many people join the Friday congregation and could meet afterwards.

Conclusion

Refugees voiced a strong desire to participate in all stages of decision-making processes. Community members emphasized the importance of involving trusted figures such as religious leaders, Majhis, and respected community volunteers. They favour separate sessions for different groups, and prioritize the needs of vulnerable populations. Monthly coordination meetings are proposed as a potential solution to enhance community involvement. The data also highlights a need for commitment by influential community leaders toward transparent communication and gender-sensitive approaches. Overall, the community seeks well-informed and representative decisions that address their specific needs, emphasizing the importance of early and face-to-face consultations held through community centres and block-level discussions with respected leaders and educated individuals.

5. PRIORITIZATION OF ASSISTANCE AND SERVICES

All 342 men that participated in the consultations agreed that the current levels of assistance are already too low and at a critical state. Some of them manifested an acute fear that more cuts are forthcoming. One respondent remarked that he was not sure how the community could survive on less than what they are receiving now. Most of the respondents believed that any further reductions in basic needs and assistance (especially food, LPG, medical care, and shelter support) would make it impossible for the community to survive. A group of men were desperately asking facilitators of the FGDs to ask UN Agencies to employ more community members, with one man stating that they would “work to eat” if they were not able to receive enough food regularly to feed themselves and their families.

Other men explained that the situation was already dire, and that any further reductions would lead to a sharp rise in robberies and other crimes, as people would grow increasingly desperate to survive. In terms of what they would specifically prioritize if assisting agencies faced further funding shortfalls, almost every respondent agreed that food, gas, and adequate healthcare would be the most important. Respondents in one camp were reluctant to say which items they would prioritize, expressing a fear that their opinions would somehow influence further impending cuts. Most respondents also shared that extremely vulnerable individuals (women-headed households, widowed women, children, the elderly, those with chronic health conditions, unemployed persons and older men) are already struggling to meet their basic needs with the recent reductions, and would find themselves in increasingly dire straits if further reductions should happen.



Rohingya refugee getting onions from the WFP outlet in camp in Camp 10 - WFP, @Nihab

Women, including elderly women, were generally concerned about the prospect of further reductions in assistance, declaring that the recent reductions have already made it exceedingly difficult for families to cover their

basic needs. Many respondents could not imagine how families would be able to cope with further reductions. Women stated that, additionally, they are less likely engage in livelihood activities than men, as they are traditionally tasked with running the household, including cooking and managing rations and other essential items on behalf of their entire families, which limits any additional opportunities for income. Some participants believed that it made no sense to think about which items they would prioritize if future reductions were implemented, or which groups of people would be more affected, since they feel that current reduced levels of assistance are already affecting the entire community, and further reductions would seriously affect everyone in the community, regardless of profile.

Most female participants declared that the most critical items are food, oil, LPG for cooking, and medical assistance, with some even sharing that they would be willing to forgo other types of services if it meant they could get additional assistance in these essential areas. Women-friendly spaces, child-friendly spaces, and community centres were some services respondents felt could be reduced to redirect resources to the above-mentioned essential needs. Some elderly women felt that there was a waste of resources, as well as unequal distribution of some items, such as cement for shelter repairing, which could also be forgone in favour of increasing food rations to the most vulnerable. Some women stated that if food rations needed to be reduced further, then rice, chili, and other spices should be preserved, while cuts could be made to the quantity of onion, garlic, and other supplementary items if necessary. Women felt that woman-headed households, pregnant women, the elderly, households with many young children, and persons with disabilities should be prioritized, if further cuts needed to be made.

Pregnant and lactating women shared the same sense of alarm that other population groups had expressed regarding the current ration levels, even while acknowledging that they themselves (as pregnant and lactating women) are often among the groups targeted for additional assistance above blanket baseline levels. These respondents also mentioned food as by far being the number one priority, especially rice, oil, flour, and pulses, in addition to cooking gas (LPG). Pregnant and lactating women also raised the importance of prioritizing hygiene items such as soap, as well as health services. When consulted about the groups that should be prioritized for assistance, most respondents included themselves alongside other key vulnerably groups, such as older people, people with disabilities, persons with “special needs,” and families with young children, since these groups would not only have their own critical nutritional needs to meet but would also have the most difficulties meeting these needs without humanitarian or family support.

As for women-headed households, respondents were quite hesitant to speak about which items they would prioritize, fearing that their opinions would somehow influence further cuts, if there were more funding shortfalls in the future. Some respondents did however indicate that food rations, LPG, medical services, and education should be prioritized. However, most women also felt that it was inconceivable to think about further cuts, as current levels of assistance were already below the required threshold for some vulnerable households, and women were not sure how any household could survive further cuts in the future. Some participants suggested that some types of non-essential services such as drain cleaning could be de-prioritized, with resources redirected towards the provision of basic needs for the most vulnerable groups. The respondents in FGDs with women-headed households did not specify certain community profiles to prioritize in future reductions to assistance, but they did mention that there should be better consultations with vulnerable groups, to allow assistance-givers to better understand their situation, and to prepare these people well in advance for changes that would seriously affect them.

Women with disabilities felt that all the services currently being provided by humanitarian actors should be a priority, as they are all essential to living a dignified life, and already at critically low levels. They felt this is especially true for themselves, who often depend much more on assistance and support, since their own ability to meet their needs without the support of family or humanitarian actors is severely limited in this context. A few mentioned that they are already struggling to get by with the current cuts in food rations, and cannot see how they could

survive if levels decreased even more without also increasing targeted support for them and others who are most in need. Some mentioned that in addition to food and health services, interventions for people with disabilities should be prioritized as essential:

“Further reductions in rations and services would mean we have to die.” – Woman with disability, Nayapara Refugee Camp.

Men with disabilities were not as vocal as the women’s groups but did echo some of the same concerns. Participants insisted that all assistance currently being received by men is essential, and they did not want any services to be cut, even if some of them may need to be reduced. Food rations, however, are seen as impossible to further cut in the future, as current levels are already at subsistence levels, with some households already struggling to make ends meet with the recent reductions. Some participants mentioned food, cooking materials (including LPG), health, and shelter support as some of the main areas to prioritize. They cited people with disabilities, older people, single women, and large households as groups which should be prioritized, but also insisted that all refugees would find it exceedingly difficult to manage further reductions in food and other essential assistance.

Adolescent boys highlighted food, health, WASH facilities, medical care, education, security, protection, and cash assistance as the main areas that should be prioritized. They stated that priority should be given to people with disabilities, children, and older people, who have less access to income-generating activities due to their physical condition. Adolescent girls prioritized health, education, child protection, and clothing as essential.

Third gender respondents mentioned food as the top priority, followed by LPG and medical treatment. One respondent suggested that small-grained rice should be prioritized over the bigger grains. Participants agreed on the fact that priority should be given to older people in terms of food, medical treatment, and WASH facilities. Another respondent suggested considering family size for food and LPG. Medical and water facilities were mentioned as critical services, as well as schools and madrasas⁶. Moreover, participants recommended creating third gender friendly spaces in multiple locations across the camps where this community could easily access and participate in humanitarian programming.

Conclusion

Respondents in the consultations pointed out that current levels of assistance (especially food rations) have already reached critically low levels and many refugees are finding it very difficult to cope with the most recent cuts. As a result of these cuts, households are presently facing food insecurity and negative health outcomes and are engaging in negative or even desperate coping mechanisms. Many respondents were adamant that there should be no further cuts, since they expect severe threats to life and overall wellbeing. Some respondents highlighted the importance of providing Rohingya refugees with the opportunity to work and earn a living, with some even suggesting that families could “work for food” and other rations to feed their respective families rather than solely working for cash.

Participants across all categories were reluctant to give suggestions on service prioritization out of fear that their insights would lead to future cuts in other areas. Understandably, nearly every refugee who responded mentioned food (especially core items such as flour, rice, oil) and cooking gas as the top priorities, in addition to health services,

⁶ Educational institution/school for the study of Islam, besides the regular curriculum.

shelter materials, and specialized areas of support for people with disabilities and other extremely vulnerable groups. Some participants even suggested that certain activities which they view as non-essential could be de-prioritized in favour of more essential services such as food and health.

In terms of who amongst the community should be prioritized when receiving aid, the categories mentioned were congruent with categories of extremely vulnerable individuals often cited in the current context: women-headed households, older persons (especially women), widowed women, families with young children, large households, and households with persons with disabilities. However, there was also a clear sentiment across the groups that it was hard to identify who would be more affected by future cuts, since it is already very difficult for all people, regardless of profile, to cope with the recent adjustments; they felt future cuts are likely to have widespread negative effects on the community at large and not only on some specific population groups.



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Methodology

During the month of August 2023, the Protection Sector jointly with the Child Protection (CP) Sub Sector, the Gender-Based Violence (GBV) Sub Sector, and the Accountability to Affected Population (AAP) Advisor from the Inter-Sector Coordination Group (ISCG) conducted a total of 116 community consultations with refugees across 28 camps in Cox's Bazar district, to better understand how the refugee community perceives the impact of the most recent and ongoing reductions in assistance this year, and to hear recommendations on participative processes related to these services. A total of 1,028 refugees participated in the focus group discussions, with the following distinct profiles: female and male adolescents, elderly people, women, men, female and male persons with disabilities, pregnant and lactating women, transgender persons, and women-headed households.

The analysis presented in this report was generated by the following partners: IOM, UNHCR, DRC, IRC, the Protection Sector, Child Protection (CP) and Gender Based-Violence (GBV) Sub-Sectors, ISCG's AAP Advisor, and the AAP Technical Working Group. This report is based on qualitative data collected by partners in the camps and is not representative of the total number of refugees across the 33 camps in this response. Eight – open-ended – questions were discussed with refugees:

- 1) Have you heard about the changes to food rations, soap rations, and LPG cycle? If so, how did you get this information? Are there any specific groups you are aware of who have not received this information?
- 2) Are you aware of the reasons why these changes/adjustments are being done? If not, why do you think? If yes, do you feel that you still need more information on the reasons for these changes?
- 3) Have the recent adjustments of assistance affected you and/or your community? If so, how? Are there any impacts on your access to other assistance and services?
- 4) Are there any specific groups of people who are affected more/less/differently due to the recent adjustments of assistance? If yes, which group and how?
- 5) Do you think people are aware of feedback channels that they can trust to give their opinions on these adjustment to assistance? If so, do you think these mechanisms are equally available and accessible to all (including vulnerable groups)?
- 6) How would you have improved the way in which humanitarian organizations have made these decisions, implemented the changes, and communicated the updates? What would you change about the way in which partners and aid actors have engaged the community in this process?
- 7) In the future, how you would like to be more engaged in this process in terms of prioritization and decision making? Who in your community do you trust the most to participate in this process and help make these decisions?
- 8) If there are future funding shortfalls, do you have ideas of what assistance and services you would prioritize the most and the least? Are there any specific groups/persons who should be prioritized?

In October 2023, DRC validated the data collected and presented through this community consultation report through a series of FGDs. A total of 48 refugees participated in these FGDs, comprising 24 men and 24 women, spread across four camps (Camps 6, 10, 8E, and 8W).

Limitations

- The 116 community consultations were organized in 28 out of the 33 camps; representation was not equal in terms of camp coverage and the number of FGD participants.
- There were inevitably some variations in the data collection and analysis due to different actors involved: each actor/partner facilitated their own FGDs, following the same set of eight questions.
- It seems the question related to community feedback mechanisms was not fully understood, as the responses only refer to suggestion boxes, not to other channels.
- Although the questions aimed to understand refugee views on the adjustments to food, soap, and LPG assistance, the majority of FGDs only commented on the adjustment to food vouchers; this was likely due to the timing of the FGDs, which were conducted during the month the second round of ration cuts was implemented.
- One FGD and two key informant interviews were conducted with female-headed households.