

# COMMUNITY CONSULTATION ON 2025 PRIORITIZED JRP

AAP TWG

18 September 2025





# BACKGROUND

- The Accountability to Affected Populations Technical Working Group (AAP TWG) initiated rapid community consultations in July 2025 to capture **overall community feedback and perceptions on the prioritization exercise**.
- FGDs discussions were based on “[Urgent Priorities: Addressing the Most Pressing Needs of the Joint Response Plan \(June-December 2025\)](#)” launched in July 2025.
  - *A significantly prioritized JRP developed by eight JRP sectors in response to the funding crisis—to be implemented for the remainder of 2025 to ensure continuation of life-saving assistance and services—while work continues to adapt the way humanitarian s*
- The questionnaire focused on **understanding community views on the prioritization of activities** as top or lower/secondary priorities. *Participants were first walked through an overall summary of the prioritizing plan, going through each Sector one by one, and asked how they felt about it as a whole; then separately how they felt about each sector individually.*
- Findings are meant to support **accountability efforts** through a general snapshot and pulse check from the affected community on recent developments and discussions related to the Rohingya refugee response.

# OVERVIEW

Conducted from **20-24 July**

**Supported by 9 partners:**

UNW, UNHCR, IOM, WFP, UNICEF (SHED & FIVDB), AAB, SCI

**10 camps** covered in both regions (**Ukhiya & Teknaf**):

1E, 4X, 7, 8E, 11, 12, 15, 22, 25, 26

## 16 FGDs completed with 132 participants

Youth (male & female)	17
Adult men & women	16
Elderly men & women	16
Gender Diverse People (GDP)	9
Pregnant/lactating women, women-headed households (WHH), single mothers	10
Person with Disabilities (PwD)	16
Community leaders	16
Religious leaders (Imams, Moulana)	16
Teachers	8
Volunteers	8

## Topics discussed

Food Security  
Nutrition  
WASH  
Health  
Protection (GBV, CP)  
SCCCM (S/NFI, SM, SD)  
Education  
Livelihoods & Skills Development  
Coordination

Age Group/Gender	Men	Women	Other	Total	Age group %
15-24	22	29	9	60	45%
25-59	44	12	0	56	42%
60+	8	8	0	16	12%
<b>Total</b>	<b>74</b>	<b>49</b>	<b>9</b>	<b>132</b>	
<b>Gender %</b>	<b>56%</b>	<b>37%</b>	<b>7%</b>		

# METHODOLOGY

## Mixed-Methods Approach

- *Quantitative: structured ranking questions*
- *Qualitative: open-ended discussion*

## Sampling

- *Purposive Sampling*
- *3 age groups included*
- *11 demographic groups covered*
- *Each session lasted around 120 minutes (2 hours)*

## Data-Collection Tools

- *Standardized note sheet*
- *Audio recordings (with consent) used for accuracy and deleted after analysis*

## Facilitation

- *Facilitators received in-person orientation and briefing to increase consistency and standardization*
- *Each FGD had 8–10 participants, led by a two-person facilitation team:*
  - *One national/local staff member (AAP TWG partner) as main facilitator for note-taking*
  - *One Rohingya community volunteer as co-facilitator (for translation, active engagement, comfort, and trust)*
- *Sessions were conducted orally in Rohingya using simple, culturally appropriate language and vocabulary (with technical terms clearly defined, explained, and contextualized)*

## Additional considerations

- *Informed consent obtained & expectations managed*
- *Sessions held in safe, participant-preferred location*
- *Gender-segregated facilitation ensured*
- *Refreshments provided*

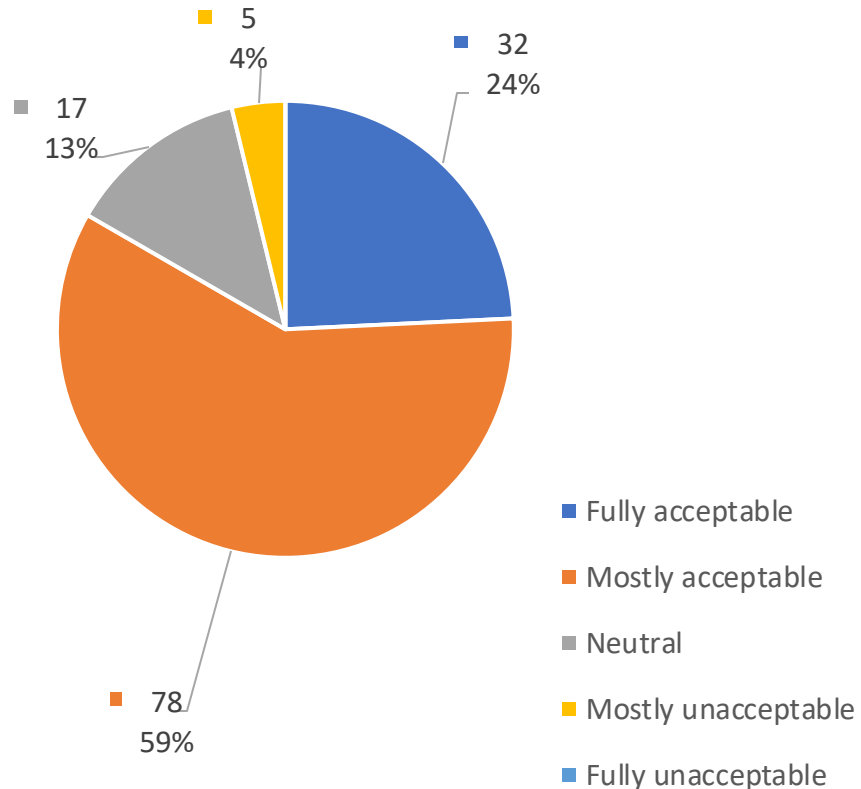
# | LIMITATIONS

- A **higher number of FGDs** may have increased **range of views** captured and **generalizability**. Majority of sessions held in **Ukhiya**, fewer in **Teknaf** due to partner coverage. Participants did not include any **new arrivals**.
- **The prioritization plan was general** and therefore lacked in-depth detail of activities and services included (or some not mentioned at all), affecting the extent to which further explanations and descriptions could be provided by facilitators to participants.
- Respondents didn't understand exactly **how the prioritization exercise was undertaken** and the degree to which what was outlined was **confirmed or only being considered** (since some actions had already gone into effect), which led to **frustrations during the sessions** that could have affected results—including the fact that consultations occurred after the prioritization plan was already completed.
- Due to sensitivity of content, questionnaire was not shared directly with volunteer co-facilitators and translators—resulting in reliance solely on **verbal communication**.
- FGDs were conducted by a wide range of **different actors**, which could have affected **standardization** of questionnaire delivery and response reporting.
- It was observed that it was difficult for refugees to **disassociate the prioritization from their current challenges related to service-delivery**. Although the focus of the FGDs was to gather feedback on the prioritization, communities also shared their overall feedback on aid and assistance as they felt it was important to mention these to better understand their responses, why they gave them, and how they felt.
- Many partners and services were affected by recent funding cuts triggered at the beginning of 2025, which has created a sense of worry and panic among refugees. As a result, **participants expressed uncertainty** of further reductions which in turn **led them to remain neutral** during these discussions. This emotional time and context may have **influenced their responses** and **affected overall representation of community priorities**.

# GENERAL LEVEL OF ACCEPTANCE ON THE OVERALL PRIORITIZATION EXERCISE *AS A WHOLE*

# OVERALL LEVEL OF ACCEPTANCE

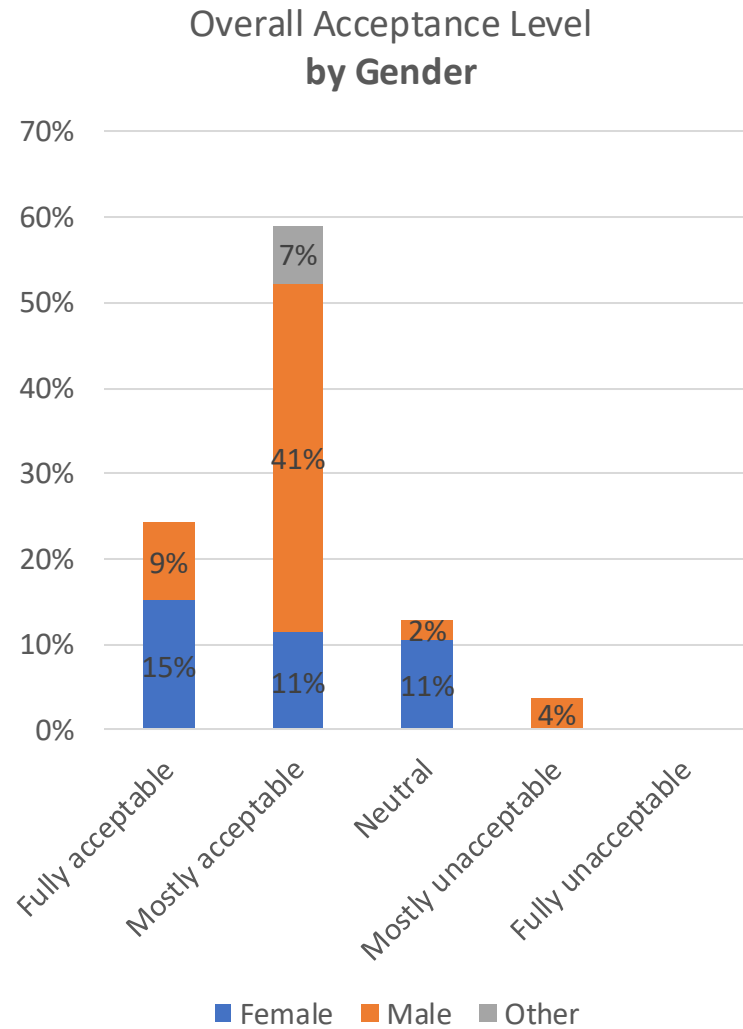
Proportion of Total Participants  
by Acceptance Level



## Main Findings

- Although to varying degrees and extent, all participants greatly appreciated being consulted on this topic.
- 24% of participants felt the prioritization plan presented was “fully acceptable,” mentioning that it was realistic and important given the ongoing funding constraints. Many of them emphasized that all essential services must be continued; but requested and recommended increased levels of transparency in how priorities are identified and selected and how services are delivered. Although they understood the use of targeted aid in the past to some extent, they felt that during especially difficult times (such as the current funding landscape)—equal access such as blanket assistance for all people evenly was perhaps more relevant now.
- 59% of participants felt that the plan was “mostly acceptable,” expressing that the activities were for the most part well prioritized—except for some sectors specifically mentioned such as Education, WASH, & SCCC which require review and discussion directly with communities.
- 13% of participants felt “neutral” about the the plan, sharing their uncertainty or disengagement either due to limited awareness of the prioritization process, the services under discussion did not directly apply to their most urgent or pressing needs (disagreement on ranking), lack of understanding about how services are organized or delivered by sector, or confusion about the way in which some important activities were mentioned but not clearly defined or not mentioned at all in the plan.
- 4% of participants felt the plan was “mostly unacceptable,” citing already major existing gaps in service coverage and delivery (insufficient availability) across all the sectors, dissatisfaction with targeted assistance as being unfair (preference for blanket distributions), and repeated criticisms of aid going to “the same houses” due to Mahjis and volunteers engaging in favoritism, preferential treatment, and misconduct. They also strongly felt that under all sectors, some adjustments could be made (switching from first to second priority or vice versa) and recommended that the plan be re-done completely—but this time consulting diverse community members (age & genders) across camps to better align with their preferences and realities and reduce unnecessary or ineffective services which are currently being prioritized. **No (0%) respondents felt that the plan was “fully unacceptable” overall.**

# OVERALL LEVEL OF ACCEPTANCE BY GENDER



## Main Findings

- **In general, there was representation across genders when it came to higher levels of acceptance (“fully” or “mostly”)** regarding the plan and importance of prioritizing first/top activities and services, especially those linked to basic needs such as Food, WASH and Protection.
- **The majority of respondents who replied “mostly acceptable” were men** (especially for Food, Nutrition, and Coordination)—but raised concerns about quality and quantity of all services across sectors. Male community leaders emphasized that regardless of upcoming reductions in assistance, they preferred partners to prioritize fairer access to services, better quality of adult literacy programmes, and improved youth engagement initiatives—as well as increased availability and reach. They also felt excluded from this planning process and requested more meaningful consultation in future similar exercises.
- **It was mostly women who felt “neutral” about the plan** due to current high dependency on limited aid and uncertainty about what further reductions would mean for the future. They highlighted the already insufficient quantity of Food, shelter materials, WASH facilities, and NFI items they receive and were concerned about the consequences on their health if these are further reduced. They also mentioned the need to address the challenges with new arrivals, including their access to all services to reduce the additional burden on other refugees. Furthermore, they expressed that these discussion topic made them feel shocked, nervous, and stressed—contributing to their difficulty in forming an immediate concrete opinion.
- **All those who felt the plan was “mostly unacceptable” were men.** They strongly felt that the plan should be reviewed in its entirety, as they are not satisfied with the rankings of priorities. They thought that many essential needs are currently placed under the second priority rather than the first, and vice-versa. In particular, they expressed disappointment with the way Education, WASH, Site Development (SD), Health, and Livelihoods Sectors were prioritized:

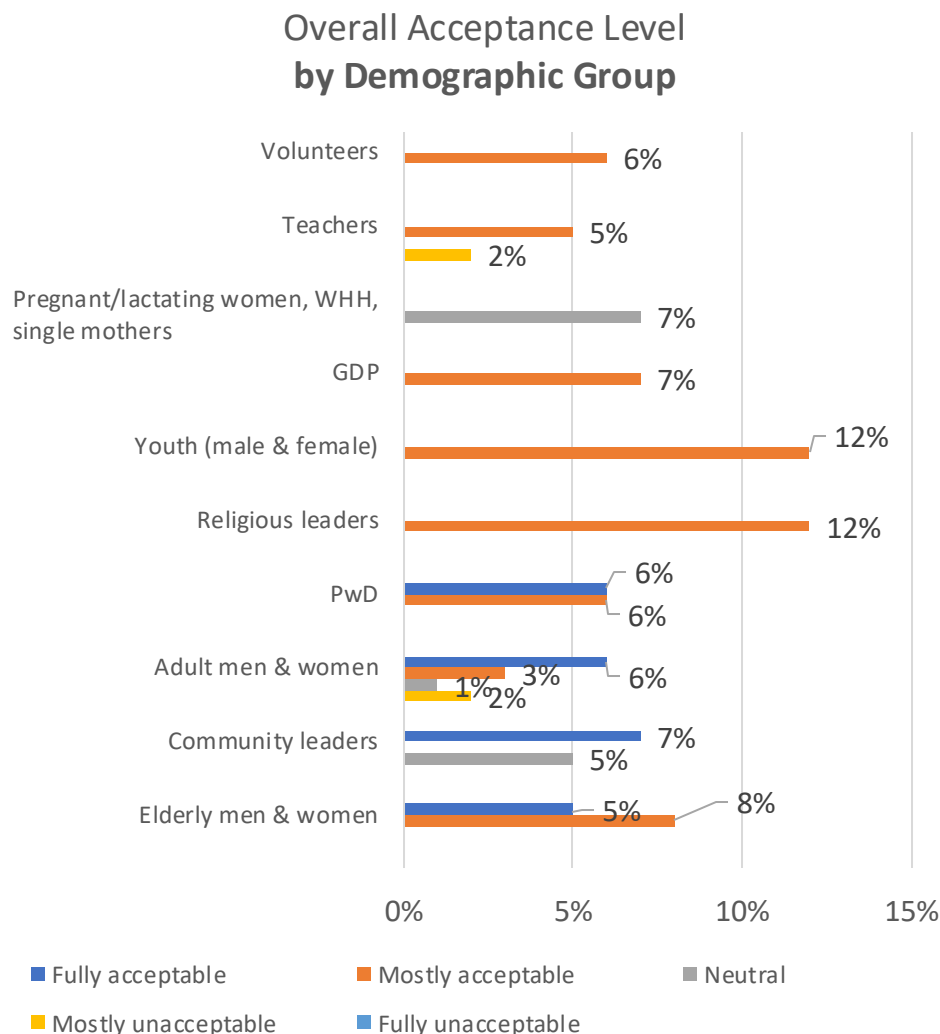
*“It’s important to remember that these are all very critical forms of assistance; it’s not only about food.”  
—adult male, Camp 11*



# OVERALL LEVEL OF ACCEPTANCE BY DEMOGRAPHIC GROUP

## Main Findings

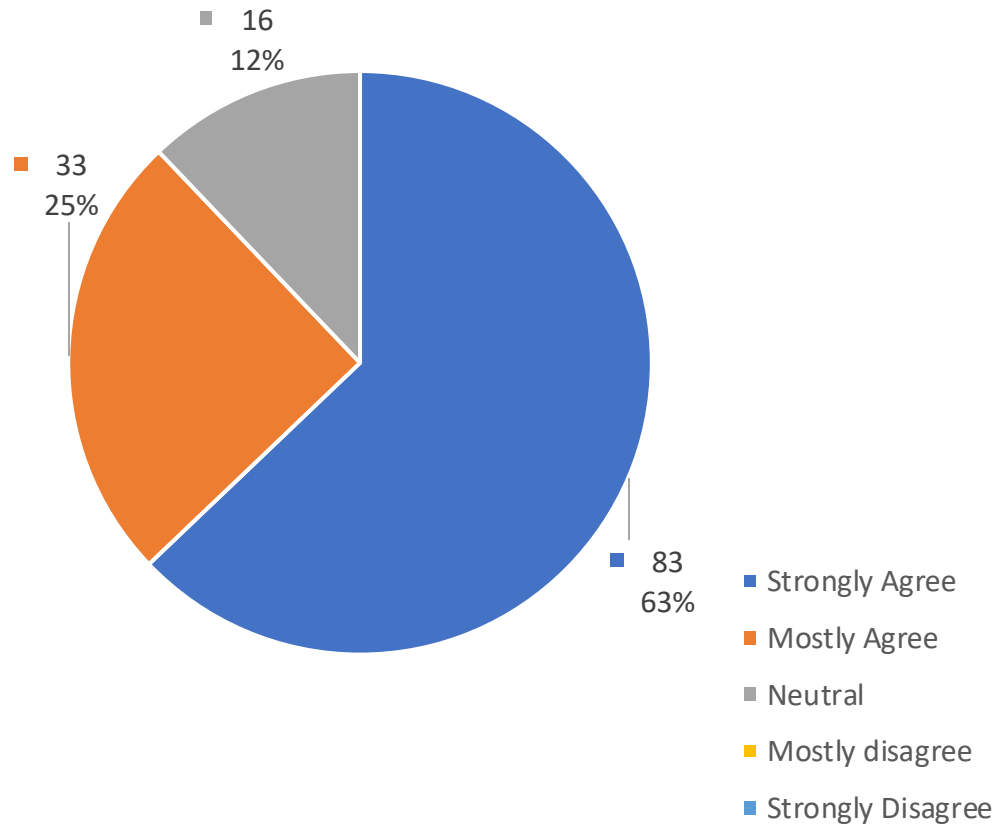
- **All PwDs felt the plan was either “fully” or “mostly” acceptable** but called for more inclusive and dignified service-delivery (particularly in Shelter, Education, LSD, and WASH) when prioritizing activities. They reported serious barriers to accessing basic services (food and LPG) and a lack of dedicated support. They also emphasized the importance of accessible Education; tailored and specifically-designed livelihoods, CfW (Cash for Work), and volunteer opportunities; and more targeted assistance—feeling often overlooked.
- **All elderly participants felt the plan was either “fully” or “mostly” acceptable** but stressed that life-saving services such as Health, Education, SCCCM, and Protection must not be reduced. They urged that this feedback be shared with donors and decision-makers at the highest levels.
- **All GDPs (100%) felt that the plan was “mostly acceptable”** but recommended prioritizing food-based livelihood activities and emphasized the need for dignity and non-discrimination in service-delivery across all sectors through better monitoring, oversight, and quality assurance systems.
- **Teachers, adults, and community leaders provided mixed feedback.** While some participants found the prioritization plan as a whole to be acceptable and generally supported the exercise conducted; others were not satisfied overall (with the exception of the Food and Coordination sections) and expressed concern that the prioritization plan was not drafted by involving the Rohingya community to ensure their real needs are understood.
- **All (100%) volunteers, youth, and religious leaders felt the plan was “mostly acceptable.”**
- **Pregnant/lactating women, WHH, and single mothers all (100%) felt “neutral”** about the plan, sharing that they often must sell portions of rations to meet basic necessities such as rent—leaving their families with even less food to consume. They recommended increased support for Food and WASH sectors in particular, or at the very least maintaining these at current levels—even if this results in reductions elsewhere. They also raised urgent WASH concerns, pointing out that there are sometimes only 3 bathrooms for 70 HHs (households) and that many facilities lack running water.



# LEVEL OF AGREEMENT BY SECTOR

# 1. FOOD SECURITY

Proportion of Total Participants  
by Agreement Level



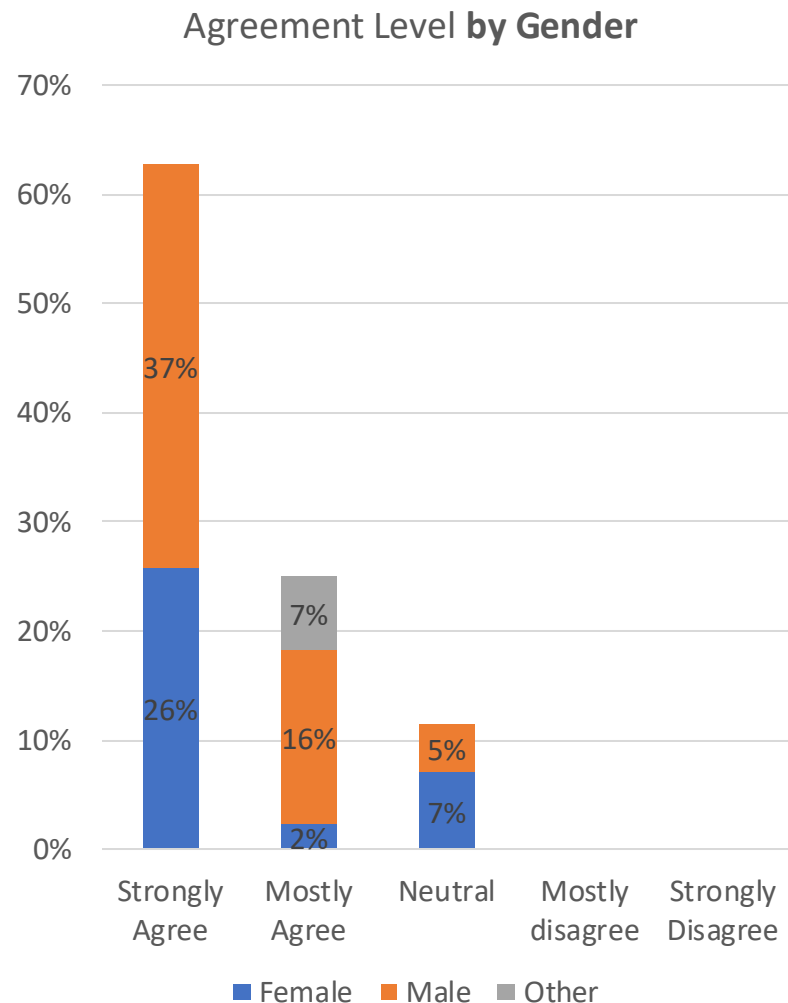
## Main Findings

- **Prioritization under the Food Security Sector was universally ranked as the top priority across all groups**, irrespective of demographics (age, gender, vulnerability, disability, etc.).
- **88% of participants either “strongly” or “mostly” agreed with full food assistance being the top priority**, finding this to be acceptable and satisfactory. It was agreed by most that services outlined as secondary priorities (gardening, agriculture, fishery, community services, etc.) could be covered only after ensuring food for the whole Rohingya population.
- **12% felt “neutral” about the prioritization**—mostly due to perceptions of poor implementation by and monitoring of vendors and fairness in terms of queuing and good quality and fresh food items.
- **No respondents expressed any form of disagreement with the prioritization**—showing solid collective consensus on the prioritization of food, with the community finding this to be relevant and practical.
- Repeated sentiments across all groups that:

*“Without enough food, survival isn’t possible.”  
—male teacher, Camp 12*



# 1. FOOD SECURITY

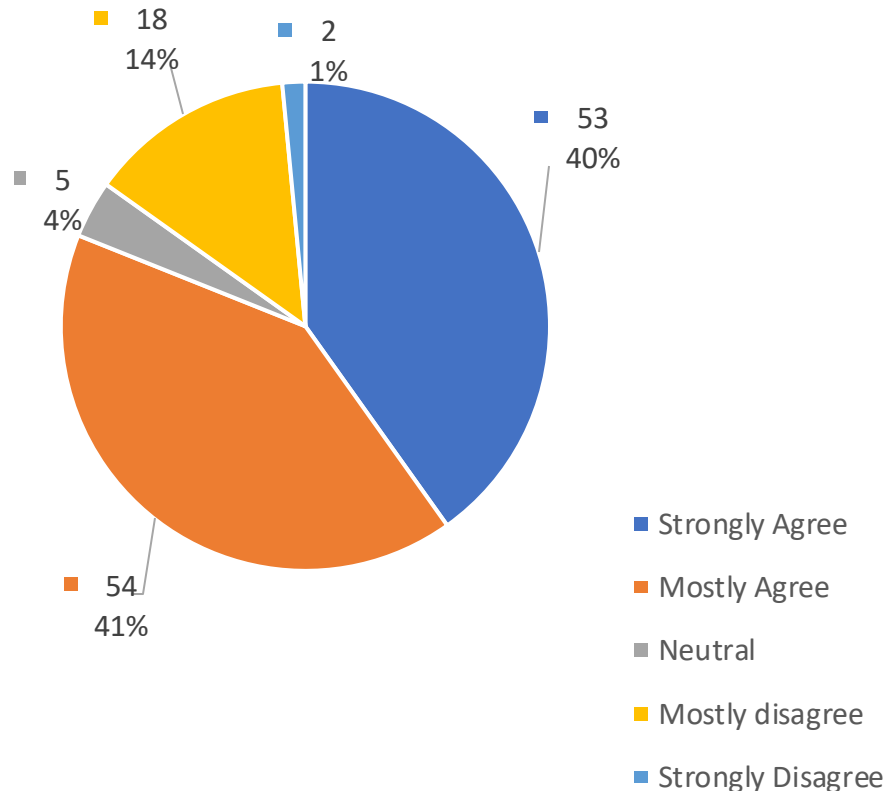


## Findings by Gender & Demographic Group

- **Generally high levels of agreement across all genders.** No respondent expressed any level of disagreement with the idea that the top priority should be food assistance at 100%.
- **Women were more likely to feel “neutral” about the prioritization plan**, concerned about lack of gardening space, high aid dependency, and current amounts being already very low and insufficient.
- **Men who felt “neutral” about the plan voiced concerns about existing food quantity and quality**—heavily criticizing the behavior of vendors pressuring them into certain purchases that don’t align with actual requirements (vouchers), favoritism for influential persons (e.g. Mahjis) who receive fresh items and don’t wait in queues, and special attention to food quality and quantity when donors visit.
- **Discussions around food security raised unique challenges related to WHH, pregnant/lactating women, and single mothers**—such as selling food rations to afford rent, leaving them with even less food to meet basic nutritional needs for themselves and their families.
- **All (100%) of GDP respondents “mostly agreed” with the plan** but recommended continuing food-related livelihoods activities under the first category.
- **Although PwDs were in agreement (either “strongly” or “mostly”) with the plan**, they were dissatisfied with porter support (not accompany them all the way to their shelters).

## 2. NUTRITION

Proportion of Total Participants  
by Agreement Level



### Main Findings

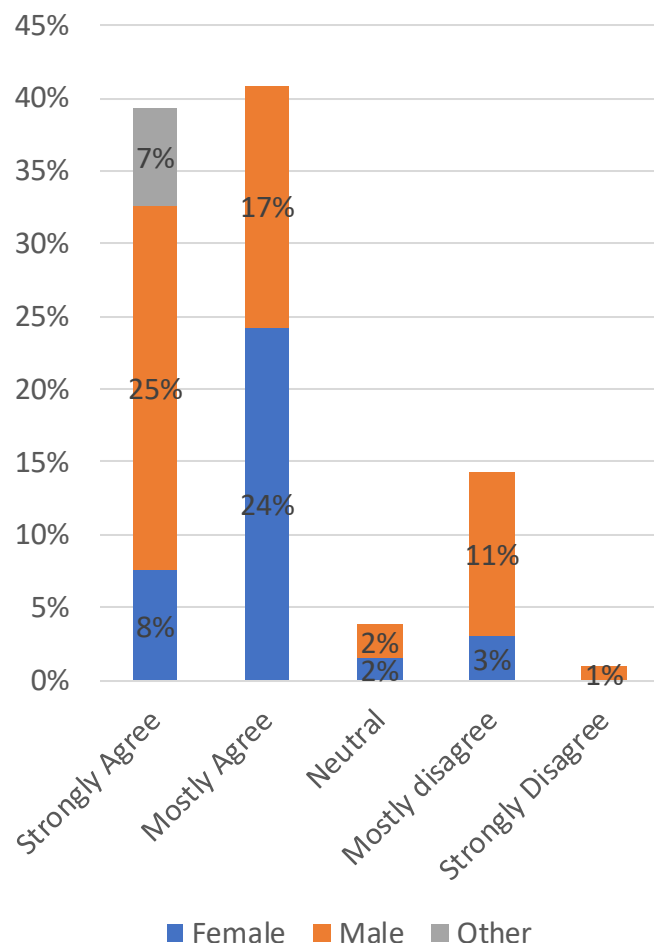
- **81% of participants either “strongly” or “mostly” agreed that the top priorities mentioned under this sector were relevant, important, and must continue.** The majority of these respondents also recommended that child growth monitoring and additional food rations for young children be included under the first priority, since these are essential for early childhood development.
- **14% of participants “mostly disagreed” with the prioritization plan,** mentioning gaps in service coverage (lack of quality assessments), delivery (limited quantity and availability of materials/items at centers), and maintaining fairness in terms of beneficiary identification and selection processes when led and managed by volunteers (who they felt engaged in favoritism and lacked experience and expertise).

*“These are all good services, but they always only go to the same exact houses.”  
– female respondent (WHH), Camp 25*

- **Participants who “strongly disagreed” with the plan** attributed this to duplications with fresh food vouchers (via both EVIs and children) which leads to unequal implementation and access. The majority of these respondents also criticized the use of funds for the organization of celebratory events and recommended focusing on providing consistent child growth monitoring and improved targeting of nutrition support instead.
- **Participants who felt “neutral” (4%)** about the plan were unsure due to limited awareness about such activities or because they don’t currently require access to these services.

## 2. NUTRITION

Agreement Level by Gender



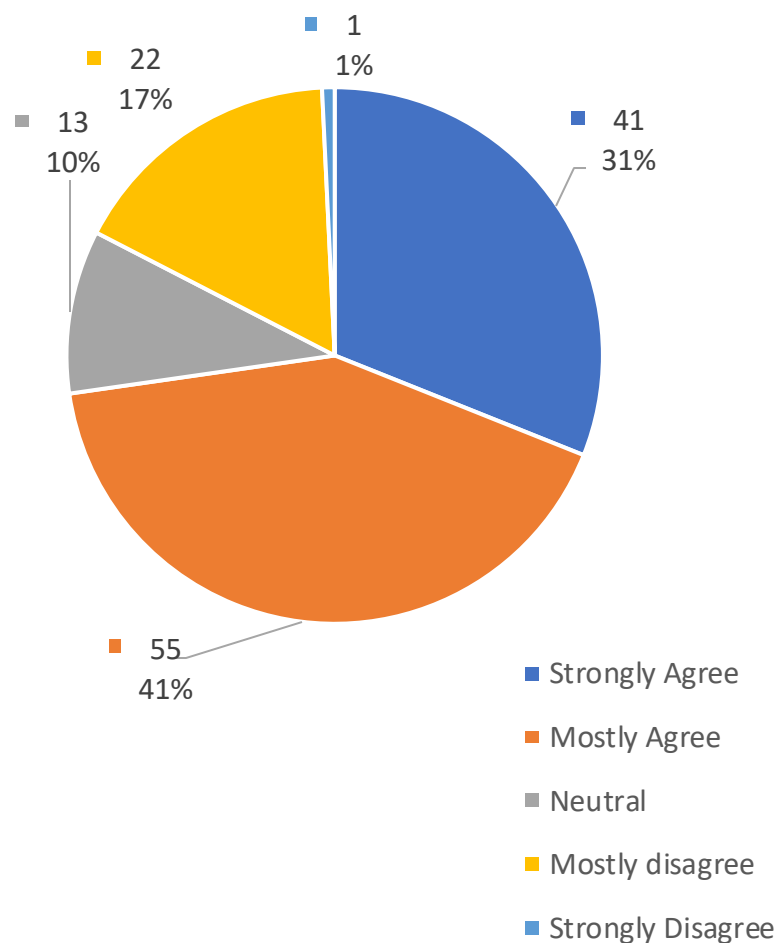
### Findings by Gender & Demographic Groups

- **Adult male participants “strongly agreed”** but requested to include child growth monitoring and nutrition-sensitive training as a top priority and raised concerns about ration duplication and the need for better targeting.
- **Women had slightly mixed feelings, ranging from agreement to neutrality.** While they generally appreciated the plan, **WHHs** in particular highlighted inconsistent quantity, poor quality, and limited access to nutrition services and suggested a complete stop of any and all celebratory events in order to ensure sustained nutrition assistance. **Pregnant/lactating women and single mothers** emphasized that rations for mothers and children should be considered a top priority.
- **All (100%) of GDPs “strongly agreed”** with the prioritization but viewed awareness-raising as ineffective in the current context and recommended excluding such activities from funding considerations.
- **The majority of male youth “strongly agreed”** that the outlined nutrition services under the top priority are essential, especially for maternal and infant health. They also emphasized the need for awareness-raising to prevent and curb the sale of nutrition items and for regular follow-up visits. Meanwhile, **female youth** felt that the prioritization was appropriate to camp needs.
- **PwDs were mostly in agreement:** while **men** felt that parents are now adequately aware enough to manage growth monitoring without additional sensitization; **women** emphasized that both growth monitoring support and awareness efforts should remain a priority.
- **Male religious leaders strongly agreed** with the plan. They also emphasized the need to continue awareness-raising initiatives but offered to support dissemination of messages through Imams voluntarily. On the other hand, **community leaders and teachers “mostly disagreed” with the prioritization** and raised issues related to duplication in food rations (from Food & Nutrition) and the lack of blanket supplementary feeding included in the plan—recommending a new camp-wide reassessment to improve targeting and service accuracy moving forward.



### 3. WASH

Proportion of Total Participants  
by Agreement Level



#### Main Findings

- **72% of participants “strongly” or “mostly” agreed with the prioritization.** Women and youth especially emphasized that water supply and safe access to water distribution points are life-saving services and essential needs. Participants also recommended ensuring fair access to water stations across all blocks, addressing seasonal water shortages, and maintaining consistency across camps in distribution of soap type and hygiene item quality.
- **18% of participants expressed disagreement with the plan (either “mostly” or “strongly”),** raising issues such as service overlaps, inequity, and duplication due to inconsistent delivery between hilly and low-lying blocks and actors targeting the same HHs: *“Some families get soap twice, some get none.” –WHH, Camp 8E.* Others mentioned a lack of response to broken WASH facilities or regular water issues such as poor quality and insufficient supply.
- **Participants with the highest levels of disagreement** raised concerns over MHM (menstrual hygiene management) kits being distributed without checking the cultural appropriateness and relevance with the community, benefitting repeated groups, and lack of inclusion of girls who are coming of age. They also mentioned the lack of maintenance of existing latrines and limited involvement of partners in facility monitoring. They urged that efforts focus on ensuring consistent water access and clean, usable, and dignified latrines.

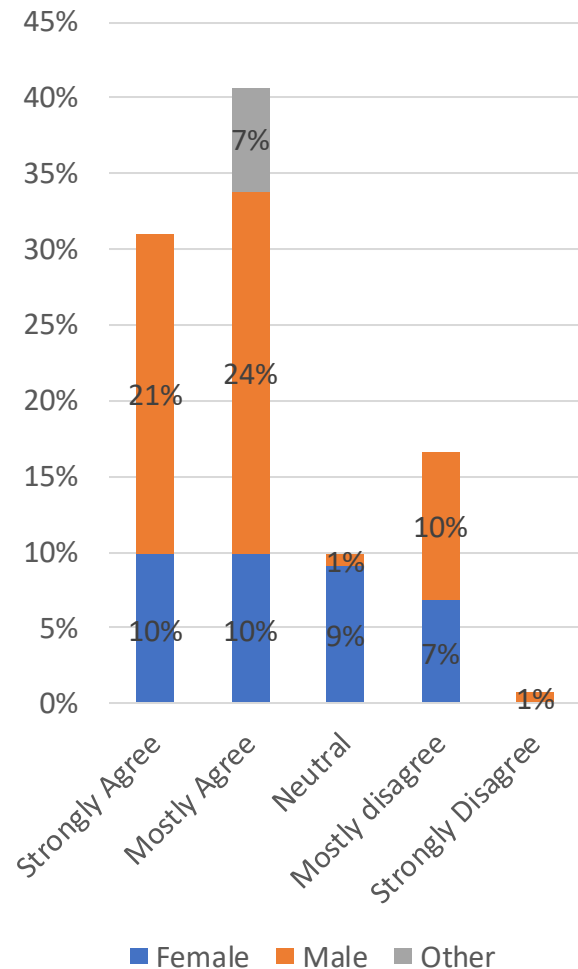
*“The actual timing of 6 months is not regularly maintained and often delayed. Sometimes kits are given only to a few groups when visitors come. To show donors in person they just call widows or other WHH to take pictures.”*

*–male teacher, Camp 12*

- **10% of participants felt “neutral” about the prioritization,** expressing uncertainty due to their belief that even if certain services are prioritized, they would not be provided in suitable quality or sufficient quantity (which they stressed is the most important factors). As a result, some participants mentioned that they currently access WASH services from private/host community (HC) sources by paying monthly fees rather than from humanitarian actors, which is an additional financial burden.
- **One of the biggest challenges highlighted was dynamics with HC**—especially locations where they live close by (e.g. 1W, 7, 8W, 9, 13, 14, 15, 24, 26, etc.). It was shared that HC’s commonly control water networks/distributions points and charge HHs a monthly rate for a fixed and low amount of water access per day, which is not nearly enough to meet very basic needs such as drinking and bathing. Women and EVI HHs in particular often face verbal and physical abuse if unable to pay. This disparity with Mahjis (who are allowed unlimited water access) often causes tensions and conflict.

### 3. WASH

Agreement Level by Gender



#### Findings by Gender & Demographic Groups

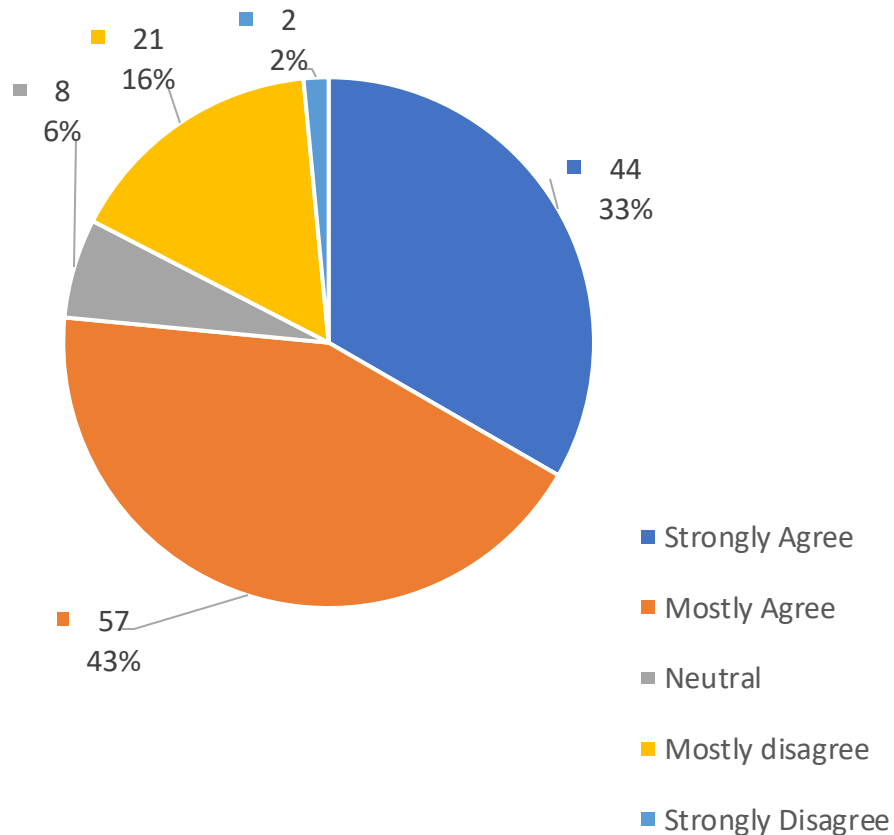
- **Adult male participants with the highest agreement levels** emphasized clean water, access to more latrines, and waste management as top priorities. **Those who “strongly disagreed”** were concerned about lack of coordination between service providers, desludging delays, and low-quality materials used in latrine construction which result in frequent damages and repairs. All mentioned the unacceptable taste and smell of water and prevalence of harmful contaminants—complaining of high purification chemical levels and lack of regular water tank cleaning.
- **Female participants were more likely to feel “neutral.”** Adult women and WHHs appreciated the prioritization but expressed dissatisfaction with limited number of latrines, distance to water points, and lack of gender-segregated or safe (well-covered) bathing spaces—especially for adolescent girls and elderly women. They recommended including MHM support and private bathing spaces as a first priority.
- **Male youth “strongly agreed,”** mentioning risks of waterborne diseases and open defecation. They suggested including solid waste management awareness and youth-led cleanup programs under the first priority. However, **female youth generally disagreed**—feeling that the priorities don’t adequately address personal hygiene and safe facility access and recommended more inclusive, girl-friendly WASH facilities.
- **Religious and community leaders “strongly agreed”** and recommended linking hygiene promotion with Islamic teachings to improve behavioral change. They raised frequent overlaps in awareness sessions and poor coordination of emergency response (i.e., flooding). Suggestions included conducting a camp-wide infrastructure review to reduce service gaps (fair, equal HH access), identifying overlaps among actors, and enhancing facility durability. **However, teachers generally disagreed**, with criticism focusing on the effectiveness of current MHM kits (with repeated anecdotes of women using MHM items as potholders for cooking or pillow stuffers due to fabric issues, complex parts, and low practicality).

*“Did they ever talk to women about how to improve the items before giving the same useless ones again and again? Isn’t this just a waste of money?” –male teacher, Camp 12*

- **Male and female PwDs were mostly in agreement** but emphasized the lack of accessible latrines and bathing areas and requested their inclusion as a top priority. They were concerned that these issues were not captured in a dedicated way. They criticized the lack of consistent implementation of shelter latrines for PwDs, blaming Mahjis and volunteers for only supporting friends and family members.
- **All GDPs “mostly agreed” with the plan** but questioned the actual accessibility and safe access to latrines, especially at night. They recommended improvements to hygiene facilities (handwashing and bathing stations) and sensitization on dignity so that GDPs don’t face harassment based on which facilities they prefer to use.

## 4. HEALTH

Proportion of Total Participants  
by Agreement Level



### Main Findings

- **76% of participants agreed (either “strongly” or “mostly”) that health services seem to be well prioritized** but mentioned that field hospitals, mobile medical teams, and blood banks are crucial. Many emphasized the importance of improving the basic functionalities of PHCs (Primary Health Centers), ensuring regular medicine supply, and expanding health coverage to remote blocks and emergency-affected areas through mobile teams (not just during fire, but also other disasters).
- **18% of participants disagreed (“strongly” or “mostly”)** by raising concerns about what the situation would be if there is already inconsistent service delivery across health posts managed by different actors, insufficient availability of essential medicine, long wait times, and poor quality of care in clinics. Participants also pointed out the issue of PHCs which have closed down, those that provide limited care options (not all ailments covered), duplications in health awareness activities, and the fact that medical teams do not visit all blocks equally. They recommended scaling down awareness-raising initiatives and instead ensuring emergency referrals and stock availability of medicines as the top priorities.

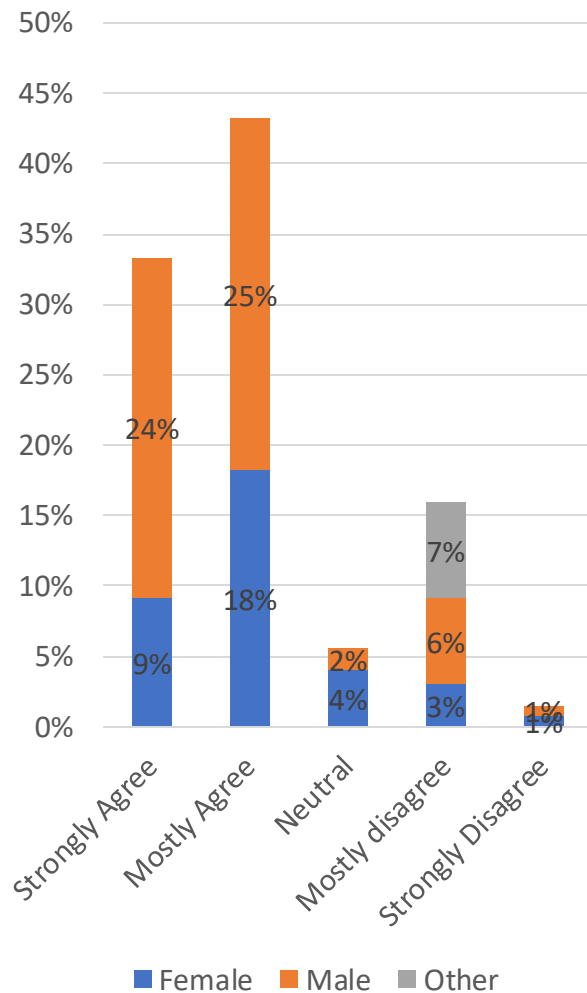
*“We go there but come back without medicine. They tell us to come back tomorrow or to buy from outside ourselves.” –adult male, Camp 11*

- **Respondents who felt “neutral” were unsure** due to limited personal experience with certain services because they rely more on private (facilities outside the camps) or informal care options (traditional healers or Rohingya doctors) rather than those provided by humanitarian actors.



## 4. HEALTH

Agreement Level by Gender

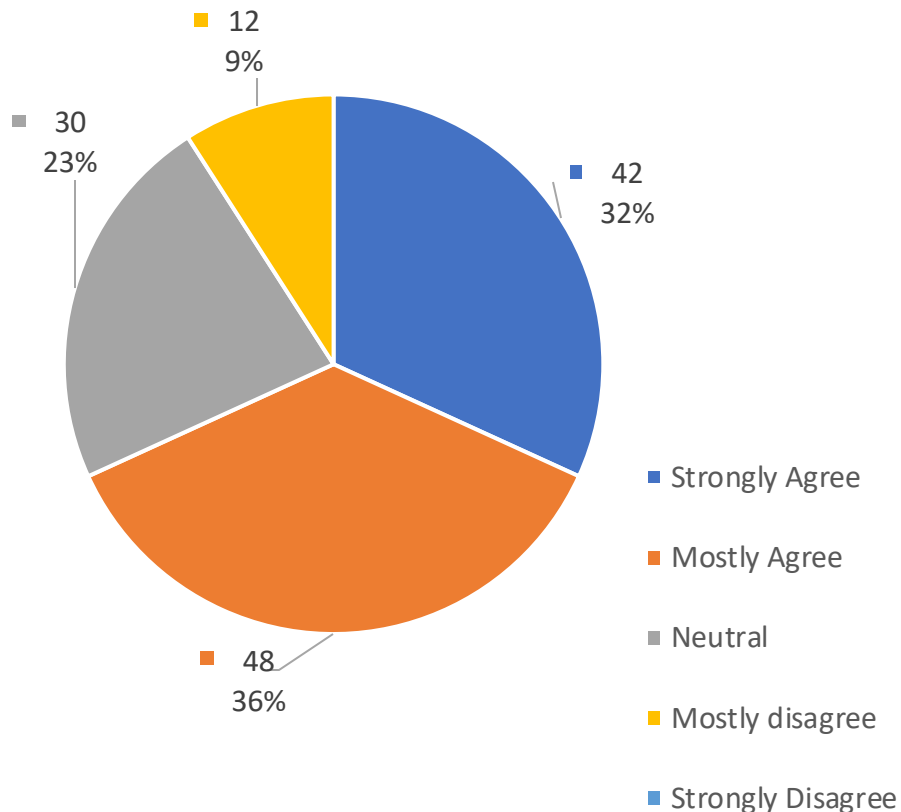


### Findings by Gender & Demographic Groups

- **Male adults and youth had the highest agreement levels** but emphasized maintaining field hospitals, mobile teams, and blood banks (at least one for every 3-4 camps) as a top priority and flagged issues such as PHC underperformance, long waits, and medicine shortages.
- **Female participants were more likely to disagree or feel “neutral” about the plan.** Although they appreciated inclusion of vaccination as a top priority, they raised concerns with facility distances, affordability (sale of rations to purchase medicine externally), and limited secondary care (e.g. testing). **Pregnant and lactating women, WHH, and single mothers** raised facility access issues due to overcrowding (creating challenges for child registration when they turn to home births as an alternative) and the limited number of Rohingya health volunteers (male and female) for communication purposes. Addressing barriers to institutional deliveries and language (as well as improved understanding for technical medical vocabulary) were their top priorities.
- **GDPs all disagreed with the exercise**, mentioning exclusion and discomfort at PHCs. They called for dedicated, inclusive services to be a first priority to ensure safe and dignified care.
- **Youth boys generally agreed with the plan**, citing support for the inclusion of emergency services under the first priority but recommended awareness-raising activities be de-prioritized. **Female youth also generally agreed** but raised issues related to respectful and supportive (patient, informative) behavior from doctors, treatment quality (e.g. follow-ups), and unaddressed viral illnesses (lack of diagnosis or communication).
- **Male PwDs mostly agreed with the prioritization** but mentioned medicine shortages; while **female PwDs also mostly agreed** but felt that mobile sensitization activities had limited impact on them and should be de-prioritized.
- **Religious leaders generally agreed with the plan** and offered to cover sensitization through mosque-based awareness-raising voluntarily for prevention and message-delivery. **Community leaders and teachers agreed overall** but urged the top priority status of PHC performance checks and oversight and improved blood bank services (more blood types) and recommended de-prioritizing awareness campaigns by only limiting them during disease outbreak periods.

## 5. PROTECTION

Proportion of Total Participants  
by Agreement Level

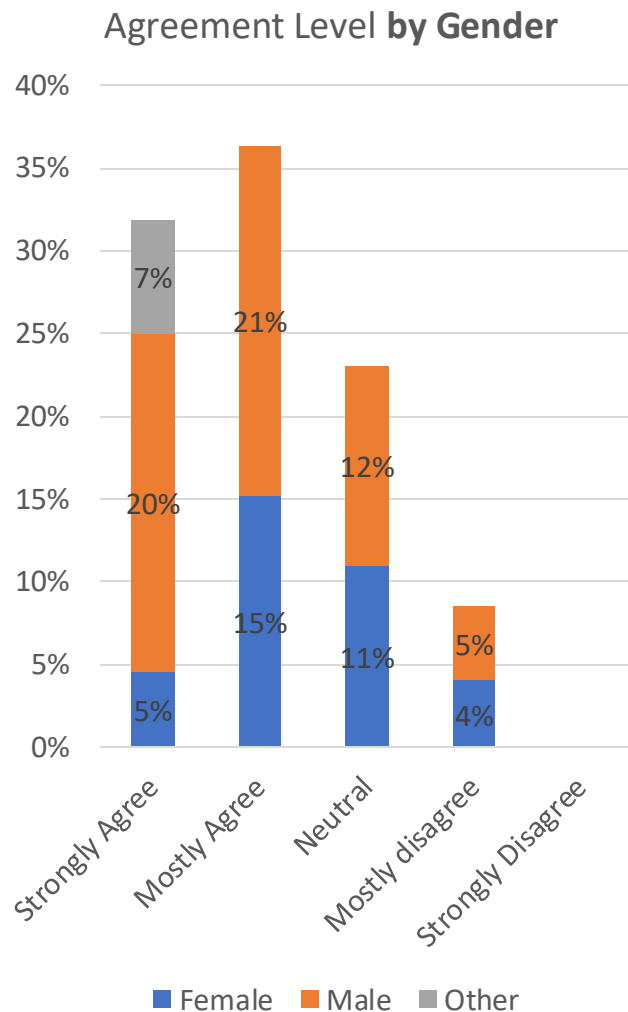


### Main Findings

- **68% of participants agreed (either “mostly” or “strongly”) with the current prioritization of activities**, emphasizing that registration, legal aid, GBV (gender-based violence) support, trafficking prevention, and mental health services are top priorities. Many highlighted that these are critical for reducing violence, maintaining peace, and aiding vulnerable groups. But they shared concerns about child marriage, falsified documents and registration processes (for underage girls and child marriage), kidnapping, and trafficking—urging for stronger youth engagement initiatives (i.e., sports, employment) to reduce negative and harmful behaviors.
- **9% of participants expressed disagreement with the priorities** because they felt that some services could be delivered through traditional, trusted, and existing community-based structures instead (i.e., Shomaz committees or religious arbitration) rather than formal case management. All questioned the continued training and support of law enforcement, feeling that it was not the best use of resources due to limited effectiveness.
- **Participants who felt “neutral” about the exercise** were unsure about the impact and effectiveness of some Protection services, particularly awareness activities and community-based psychosocial support for GBV and Child Protection (CP). All strongly preferred for PSS (psychosocial support) to be delivered by experts rather than Rohingya volunteers due to stigmatization and privacy risks. They requested that Protection services be redesigned to focus more on practical, hands-on support and actionable follow-up (including rescues and transparency in the reporting process), especially in light of rising kidnapping and trafficking risks.

*“We believe mental health support and trafficking awareness for both our community and hosts should remain a first priority because if people struggle, it impacts the peace and wellbeing of everyone around.” –adult male, Camp 11*

## 5. PROTECTION



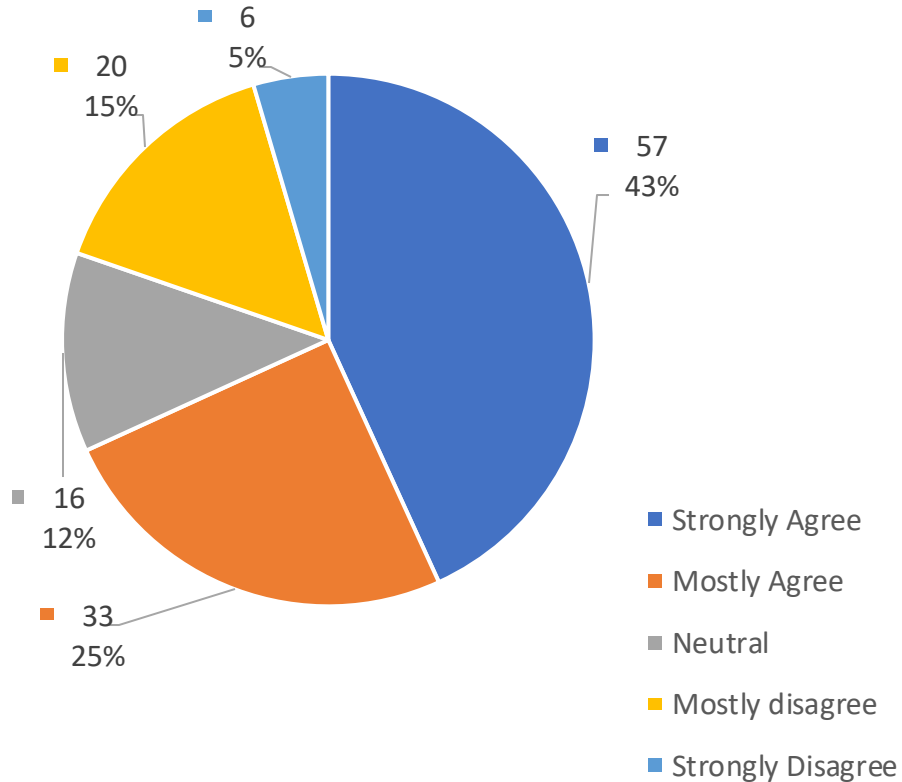
### Findings by Gender & Demographic Groups

- **Male adults and youth showed the highest levels of agreement with the priorities**, emphasizing the urgency of continuing legal aid, trafficking awareness, GBV prevention, and more effective police training but also flagged the need for better registration systems and youth-focused engagement to prevent rising crime and gambling.
- **Women were more likely to feel “neutral.”** While they appreciated trainings and awareness sessions through WGSS (Women & Girls Safe Spaces), they raised serious concerns about child registration, negative family planning practices, and growing risks of kidnapping and GBV. **Elderly women were especially unsure about the plan** as they felt that support for all services listed under both priorities needed to continue. **Youth girls were generally in agreement** but felt that sensitization (e.g. child marriage and suicide prevention) should be prioritized—citing the exploitation of the registration system and age records by influential families with financial resources working with Mahjis.
- **GDPs all “strongly agreed” with the prioritization** but expressed concern about increased exposure to harm (physical and mental) in the absence of the specialized and dedicated activities for vulnerable groups highlighted as secondary priorities.
- **Among PwDs, both males and females were generally in agreement with the plan.** However, **female PwDs** urged the inclusion and continuation of specific and dedicated support for the elderly and GDPs as a top priority.
- **Religious leaders generally supported the prioritization** and offered to support awareness-raising initiatives voluntarily through Friday congregational sermons, prayers, and other occasions. **Community leaders and teachers had mixed views:** some supported protection casework; others criticized the ineffectiveness of case management and current awareness efforts. They advocated for a stronger use of traditional conflict resolution mechanisms instead.
- **Volunteers remained largely neutral** because they felt that the plan needed to be reviewed by focusing instead on preventive or deterrent measures rather than legal or case management support; ensuring follow-ups and timely action; and more practical, actionable, and hands-on support (e.g. relocation options instead of MHPSS support)—especially linked to the increased security risks in the camps.
- **Only a small portion of both male and female respondents disagreed with the prioritization**—mostly due to their frustration with the use of already limited resources going toward ineffective law enforcement support during a time of crisis (limited funding)



## 6. SCCCM

Proportion of Total Participants  
by Agreement Level

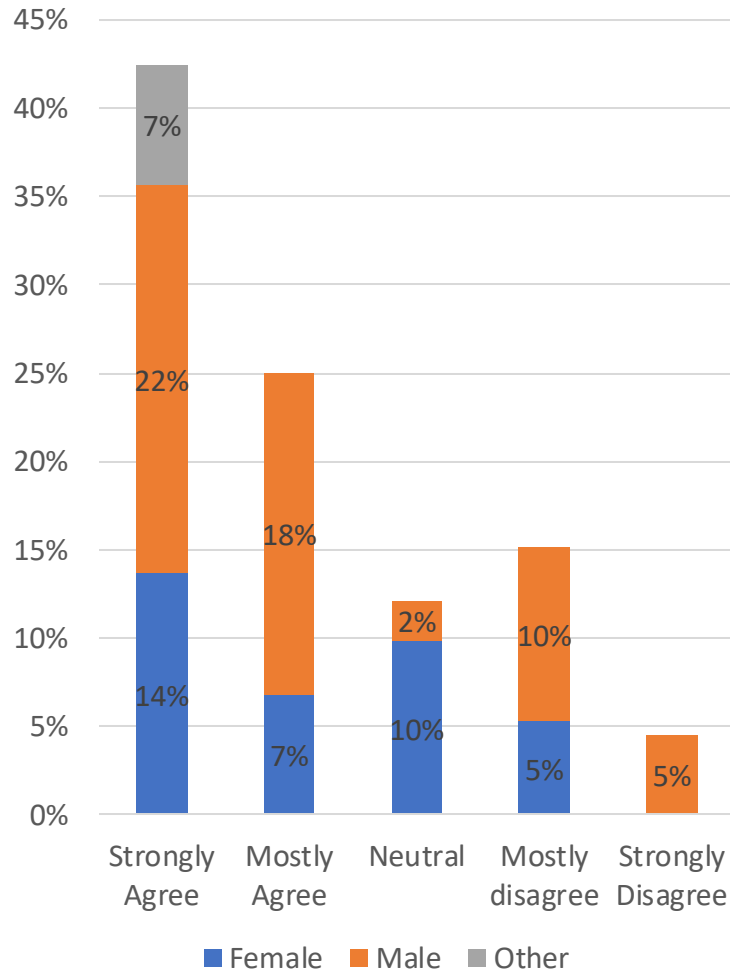


### Main Findings

- **68% of participants either “strongly” or “mostly” agreed with the prioritization of SCCCM Sector services and activities.** They highlighted the urgency of shelter support, LPG distribution, NFI, and site management to be top priorities, especially due to ongoing weather risks, shelter deterioration, and various everyday/daily household-level needs. The majority emphasized that shelter upgrades, tie-down kits, and regular repair kits are essential for safety and dignity in crowded and cramped camp settings and should be considered as a top priority.
- **Participants across all gender and age groups mentioned that LPG** is the only cooking option available but that the current supply is insufficient. Any reductions and de-prioritization of support for cooking stove repairs or pressure cooker distributions would force households back into unsafe fuel alternatives such as firewood and would result in increased fire risks and respiratory illnesses.
- **Site Management and Site Development (SMSD) was recognized across all gender and age groups** as vital for monsoon response and complaint handling and referrals.
- **12% of respondents felt “neutral” about the plan** because they were unclear about what “basic site management services” entails and wanted to know more about the prioritization of CfW and deep drainage cleaning activities—which were the most important to them.
- **20% of participants disagreed (either “strongly” or “mostly”) with the exercise**, mainly citing unfair distribution lists or mobilizations managed by Mahjis, abuse of power by volunteers in shelter repair processes (primary assessments), and gaps in NFI availability (seasonal timeliness and relevance). Several criticized slope stabilization efforts, arguing that relocation and minor shelter upgrades could be more effective and benefit more HHs in more locations rather than spending limited resources on costly slope stabilization.

## 6. SCCCM

Agreement Level by Gender



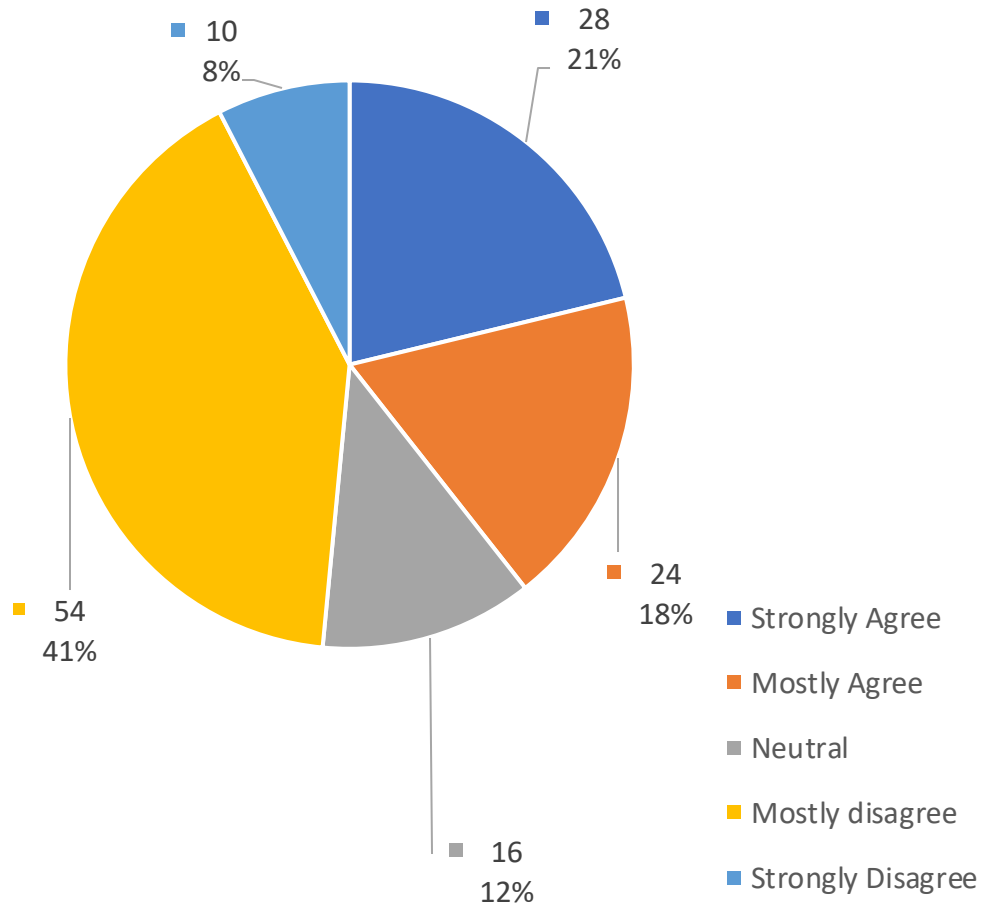
### Findings by Gender & Demographic Groups

- **All youth strongly supported the prioritization** and emphasized that emergency shelter kits and NFI support are essential and must remain a first priority. **Female youth** raised concerns about poor lighting near toilets, noting safety risks at night, and recommended that solar lighting be a top priority as well.
- **All adults and the elderly unanimously** stated that LPG support is non-negotiable for cooking and should be increased to meet actual household needs. They also advocated for shelter kit distribution and repair materials to be prioritized.
- **WHHs mostly disagreed with the prioritization**, specifically highlighting the urgent need for stove repairs and shelter materials to be prioritized and emphasizing the direct impact to safety, health, and daily survival.
- **All PwDs generally agreed with the plan**, but **female PwDs** raised the lack of accessible pathways and mobility support, particularly in hilly and flood-prone areas. They were also unsure how the SCCCM was planning to prioritize services since many activities were not clearly mentioned (CfW, SD works such as deep drainage cleaning, etc.). PwDs cited corruption by workers, volunteers, and Mahjis as barriers to receiving proper LPG porter support and shelter-building support.
- **Most religious and community leaders were generally in agreement with the exercise** but recommended increased LPG support, regular shelter kit distribution, and the delivery of DRR (disaster risk reduction) messaging to be included under the first priority.
- **Teachers and volunteers were generally in agreement** but urged fair and transparent distribution of shelter kits (addressing issues linked to volunteers and Mahjis), raised concerns about better alternatives to costly slope stabilization activities, and recommended prioritizing drainage improvements, road repairs, and stove replacements to enhance community resilience and safety. **Some teachers strongly disagreed**, especially due to dissatisfaction with widespread volunteer and Mahji misconduct (favoritism, preferential treatment) in S/NFI teams and recommended more accurate shelter assessments and more rigid oversight of field teams and distributions.

*“Volunteer bellies are full of bribes and their necks stretched with arrogance.” –male teacher, Camp 12 (local metaphor describing community frustrations with volunteer misconduct)*

## 7. EDUCATION

Proportion of Total Participants  
by Agreement Level



### Main Findings

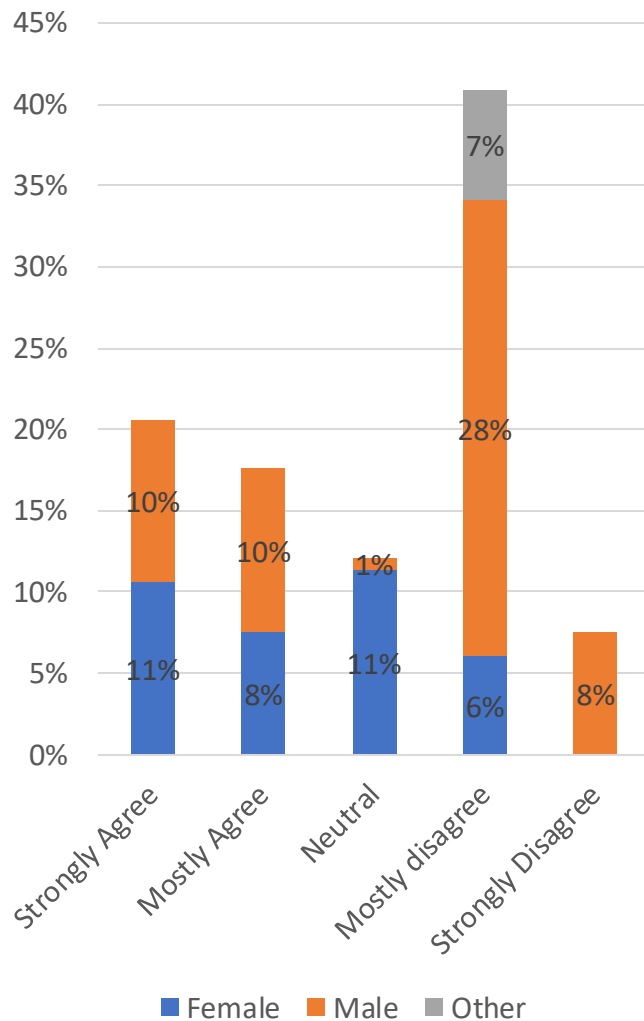
- **49% of participants disagreed with the prioritization, either “mostly” or “strongly”**—mainly frustrated by the lack of consultation with parents and caregivers on the priorities. They also criticized poor monitoring of Education partners leading to duplicate enrollments of children in multiple learning centers (LCs) so they can receive distributions or school feeding. They further raised concerns about how the priorities were ranked: they would have preferred for enrollment, learners' assessments, and minor repairs of learning centers (LC) to be considered in the first priority.
- **39% of participants either “mostly” or “strongly” agreed with the prioritization** but recommended that school feeding programs, learning materials, and qualified teachers be considered the top priority—especially to ensure consistent attendance and positive learning outcomes. Many emphasized that without these, teaching efforts would have limited impact.
- **Participants across all genders and age groups** stressed the need for minor maintenance and repairs to LCs to keep them safe and functional, particularly during the monsoon season.
- **12% of respondent felt “neutral”** because they stated they do not send their children to LCs but to community-based schools instead, which they prefer. They requested humanitarian partners support and empower community-based schools (those run by the Rohingya), which new arrivals can attend.

*“Education must come first, and learning is essential. Without school, our children will be on the roads. They will be exposed to online betting and violence. Repair of learning centers in case of damage from rainfall or other incidents should not cost too much and is just as important as hiring Rohingya volunteers.”*

*—adult female, Camp 8E*

## 7. EDUCATION

Agreement Level by Gender



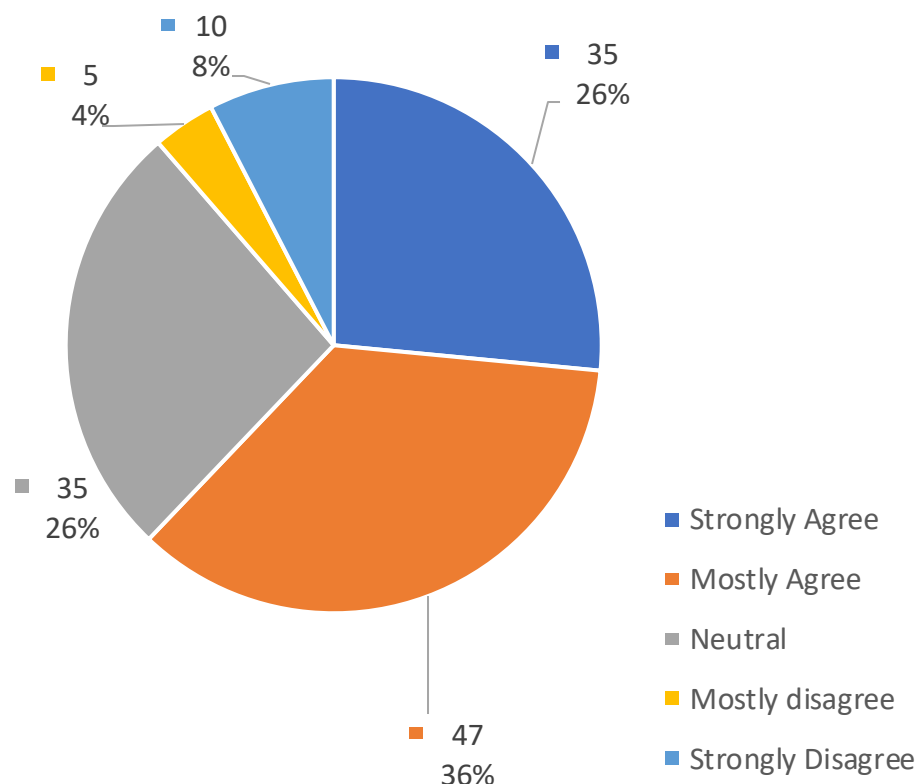
### Findings by Gender & Demographic Groups

- **Male youth generally disagreed**—emphasizing the need for age-appropriate learning materials, trained and qualified teachers, and enrollment to be considered a top priority. They also felt that certain positions could be merged (e.g. cleaners and guards) or a student and teacher group/committee be created to ensure cleanliness and security through shared responsibility; as well as consider delivering assessments informally to reduce costs of examination procedures.
- **Youth girls generally agreed with the plan** but expressed concerns about overcrowded classrooms and the lack of gender-sensitive or segregated facilities and recommended improved WASH facilities in LCs and the recruitment of more female teachers.
- **WHH tended to agree with the exercise** but highlighted the need for learning materials and school feeding programs to be a top priority to help reduce dropouts by easing the financial burden on families. Some WHHs also raised concerns about long walking distances to centers, particularly for younger children and girls, which contributes to safety and security risks.
- **Male and female PwDs mostly disagreed with the priorities**, expressing frustration with the lack of consistent inclusive educational options across all LCs (e.g. the visually impaired) and recommended prioritizing the physical accessibility of LCs and training of teachers on disability inclusion.
- **The majority of GDPs and male teachers and volunteers disagreed with the prioritization (either “mostly” or “strongly”).** They urged for proper capacity-building of Rohingya teachers, LC enrollment support regardless of the availability of materials or supplies, minor maintenance of LCs, and learners’ assessment to be prioritized. They also raised concerns about the qualifications and competence of HC teachers (dissatisfaction with knowledge and methods), poor monitoring of student progress, and duplication of student lists as key factors hindering meaningful learning outcomes which must be addressed as a top priority moving forward.
- **Women were most likely to agree or feel “neutral” about the prioritization**, since they are less likely to attend school compared to boys.



## 8. LIVELIHOODS & SKILLS DEVELOPMENT

Proportion of Total Participants  
by Agreement Level



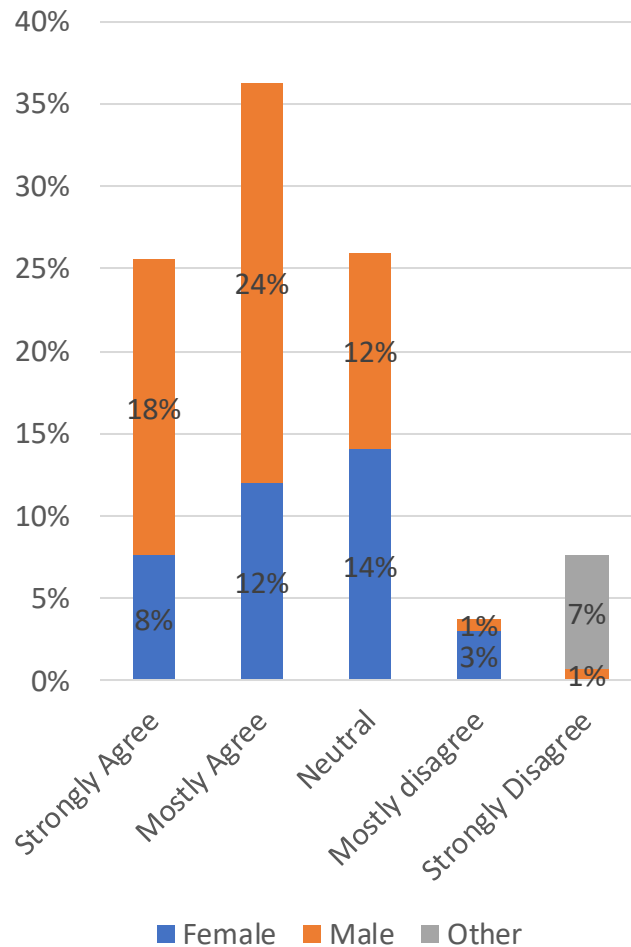
### Main Findings

- **62% of participants agreed (either “mostly” or “strongly”) with the prioritization plan under the LSD Sector** but stressed that vocational training is crucial not only for economic empowerment but also for reducing idleness, harmful coping mechanisms, and negative behaviors among youth.
- **12% of participants disagreed (either “mostly” or “strongly”) with the exercise**, emphasizing that both first and secondary priority services and initiatives were valuable and requested prioritization of vocational training for more creative and home-based work (e.g. embroidery, beadwork, and block printing).
- **While there was general appreciation for LSD assistance, 26% remained neutral**—feeling that all LSD activities were equally important for both Rohingya and the HC; and if aid must be reduced, it should still target host and camps (refugees) at a smaller scale to mitigate potential conflict among communities. They referenced recent challenges with the HC when Education services were affected and were worried of similar events in the future. Otherwise, the remaining participants were not aware of any livelihood programs as they never received an opportunity to participate or were never informed about what was available.

*"Vocational training with recognized curriculums should be a priority to help us build skills and a chance for a better future." –adult male, Camp 11*

## 8. LIVELIHOODS & SKILLS DEVELOPMENT

Agreement Level by Gender



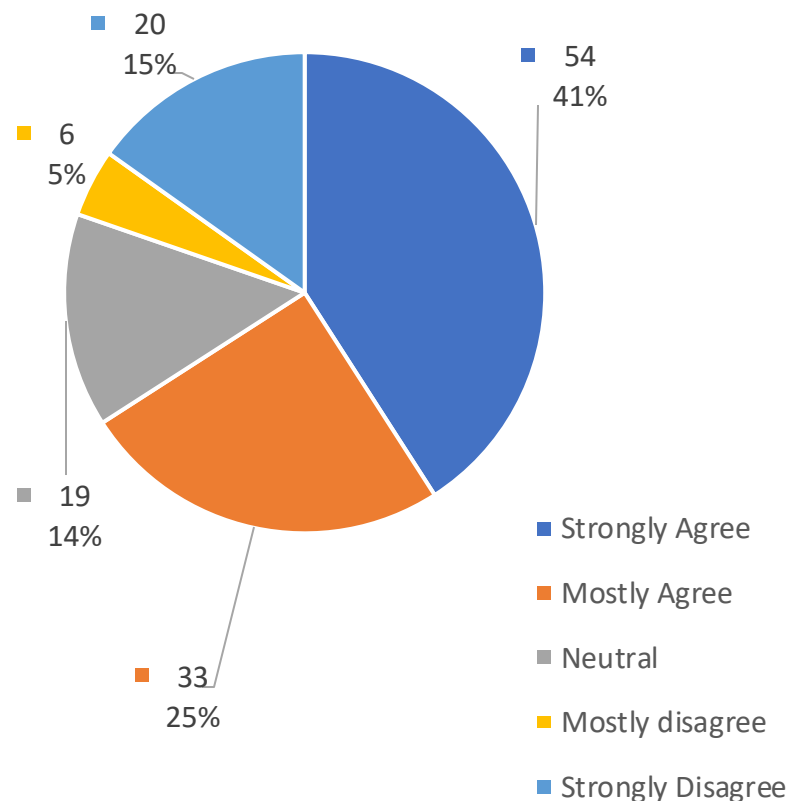
### Findings by Gender & Demographic Groups

- **Male youth felt mostly “neutral” about the prioritization**—emphasizing that both first and second priority interventions are vital to prevent harmful coping mechanisms and negative behaviors among youth if they are not actively involved in activities. **Female youth generally agreed with the plan** but highlighted the importance of focusing on vocational training for more sustainable income sources.
- **Adult men generally agreed with the exercise** but strongly supported vocational training to be included in the first priority (especially for boys) and emphasized the importance of adult literacy programs to prevent financial exploitation and fraud (when engaging with HCs for business, work, etc.). **Women and WHHs were also mostly in agreement with the plan** and requested the prioritization of vocational training and adult literacy as well—stressing how crucial they for their daily survival, financial independence, and safety (especially when dealing with HCs in negotiations, agreements, etc.).
- **The elderly and PwDs largely agreed with the plan**, especially the activities highlighted under the first priority, but strongly felt that the services listed as secondary should be equally prioritized—even if it meant continuing them at a smaller or reduced scale.
- **All GDPs expressed rigid disagreement with the current prioritization**, feeling that vocational training should be the top priority to enhance skills and increase self-reliance. However, they expressed concerns and doubt about whether they would actually receive LSD support, citing previous negatives experiences such as discrimination (not approached to participate), bullying and harassment from the community (Rohingya and HC), and the lack of dedicated and targeted services for GDPs (more opportunities to learn and work). They urged for providers to offer more inclusive, gender-sensitive services with better outreach to ensure equal rights and access for all.
- **Religious and community leaders, teachers, and volunteers were all mostly in agreement with the plan**—but once again recommended vocational training to be prioritized, a focus on establishing contextualized job/employer linkages for Rohingya (as is done for HCs), stronger coordination to reduce duplication (same refugees receiving LSD support from different organizations), and NGO or private sector collaboration to reduce aid dependency:

*“Agencies should collaborate with local textile companies in Bangladesh to create hubs in different camps where men and women can contribute to Bangladesh garment production, which could be a sustainable income-generating source for Rohingyas. The host government could also get some relief because we would not be sitting idle and just receiving aid. We understand the funding situation, and we Rohingya want to contribute through our skills and hard work, but we lack the opportunities.” –male teacher, Camp 12*

## 9. COORDINATION

Proportion of Total Participants  
by Agreement Level



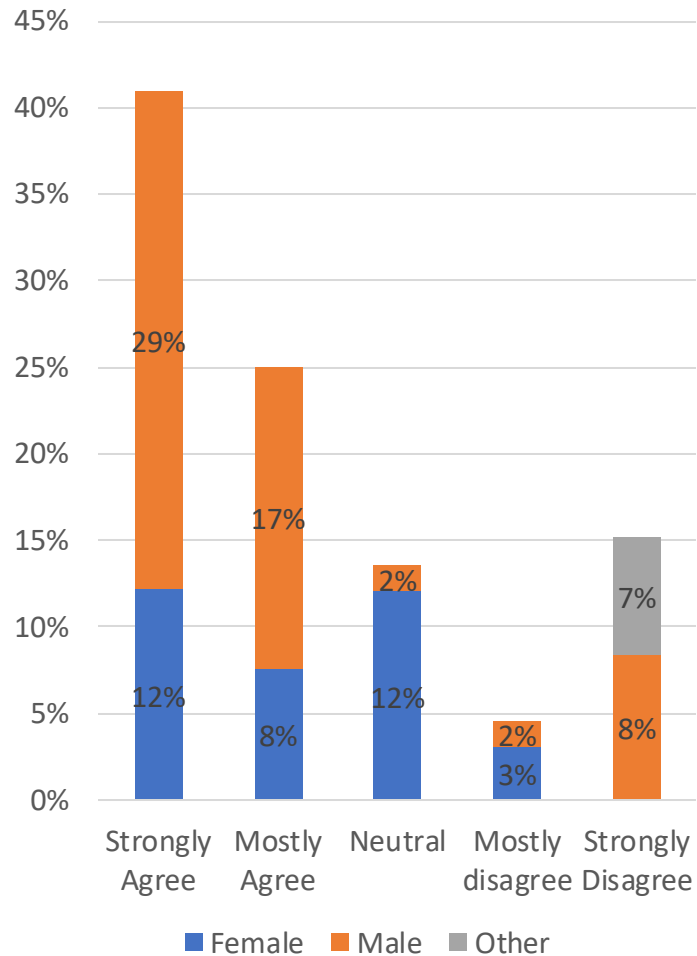
### Main Findings

- **66% of participants agreed (either “mostly” or “strongly”) with the prioritization of this area**, especially the importance of maintaining coordination structures already in place. They felt positively that effective coordination among partners can help to ensure timely and equitable service delivery, reduce duplication, and promote accountability. Most noted that coordination is especially crucial during emergencies (fires, monsoon, etc.) and for managing the different needs and services across camps, groups, and sectors.
- **20% of participants disagreed with the priorities here (either “mostly” or “strongly”)**, arguing that coordination mechanisms should be more localized to reduce costs and to ensure more direct benefits to the community. They felt that while national staff spend more time in the camps, international staff lack understanding of the context and the Rohingya people.
- **Meanwhile, 14% of participants remained “neutral” and had mixed feelings.** Some expressed that both coordination and service delivery are deeply inter-connected and cannot be viewed separately, so they urged for coordination to be prioritized. However, the others mentioned they did not fully understand the exact purpose or functions of coordination bodies and wished they had more information on this:

*“We have heard of ISCG, but we don’t really know what they do or how their work helps us in the camps. Many of their staff have never even visited us in the camps except for donor visits, so how can they truly understand our reality or coordinate support that reflects our needs?” –male volunteer, Camp 11*

## 9. COORDINATION

Agreement Level by Gender



### Findings by Gender & Demographic Groups

- **The majority of community and religious leaders and volunteers “strongly agreed” with the priorities** but raised concerns about limited visibility and unclear role of coordination bodies. They emphasized the need for more timely communication on how and why decisions are made, more access to detailed information about topics that affect them, and stronger inclusion of community voices in all decision-making processes.
- **The majority of teachers “mostly agreed” with the prioritization** but highlighted that international staff rarely visit the camps, which weakens ground-level understanding and responsiveness to urgent needs (making the right decisions at the right time). They recommended nationalizing roles where possible to enhance contextual support (due to cultural similarities) and reallocating saved funds toward life-saving assistance instead.
- **Youth, women, and WHH were more likely to feel neutral or disagree.** They requested more inclusive coordination by involving them in discussions and regular consultation with communities before initiating plans or changing services. They highlighted the importance of listening to feedback directly from affected groups to ensure that services align with real needs and that action be taken when they report issues. They also mentioned the importance of more efficient coordination to ensure equitable service support to EVIs.
- **Elderly men & women had mixed views (from neutral to strongly disagree):** while some requested more detailed information to understand the direct and indirect impact of reduced coordination capacity; others felt that the issue of Rohingya representation and working more closely with community groups or traditional structures was still not adequately considered, addressed, or incorporated into coordination matters.
- **PwDs were more likely to “strongly agree” with the exercise** but raised concerns of being excluded from planning and urged for representation of marginalized groups to be permanently embedded in coordination structures.
- **All GDPs expressed strong disagreement with the prioritization,** citing historical exclusion and noting that it was not clear how in future partners plan to improve gender-sensitive coordination mechanisms with meaningful representation from the Rohingya so they are not left out of any services or decision-making.

# RECOMMENDATIONS & WAY FORWARD



# COMMUNITY RECOMMENDATIONS

- *Improve beneficiary selection criteria and eligibility across all sectors. Engage traditional and trusted structures (e.g. Shomaz committees) to support with more transparent verification processes to prevent favoritism, preferential treatment, misconduct, and duplication.*
- *Reduce celebratory events and ceremonial days to redirect or reallocate funds to life-saving support.*
- *Review effectiveness of different awareness-raising and sensitization initiatives to identify those which should be maintained and those which are less efficient or preferred (delivery method, messenger, etc.). Focus future efforts on groups who have historically and disproportionately had much less access to information (e.g. women).*
- *Support community-based schools and Rohingya teachers; increase access to educational materials by making them available in more public locations (community centers, libraries, etc.).*
- *Ensure access to all assistance for new arrivals to reduce burden on other refugees.*
- *Include existing community groups and alternative or different types of leadership in coordination, planning, implementation, service-delivery, and decision-making platforms; consider how such mechanisms can be actively supported.*
- *Consider removal vs. reduction: which services should be cut/phased out vs. which should be decreased (in terms of quantity, scale, or reach in order to continue at least minimal access for all equally); also consider where blanket distributions or assistance are possible and relevant to reduce tensions and conflict among different communities, groups, and sub-groups.*
- *Focus on quality and dignity in services and delivery, even in the absence of quantity, through proper monitoring, regular follow-ups, and taking swift action when needed within teams.*
- *Ensure proper adherence to SOPs and codes of conduct (CoC) for staff, vendors, volunteers, etc. and action complaints in a timely manner when received/reported.*
- *Recognize and address challenges with host communities (especially regarding access to resources), especially when resulting in barriers to basic and life-saving needs.*
- *Consider where new assessments are and are not needed to identify priorities and accurate targeting.*
- *Prioritize youth opportunities and engagement across all sectors.*

# WAY FORWARD

- Ensure **Sectors** review and incorporate the community feedback and action refugees' recommendations where/when possible and consider findings moving forward in decision-making related to future prioritization or other relevant exercises.
- Encourage all **actors/partners (agencies & organizations)** and **decision-makers** to reflect on the insights in strategies, JRP planning, and donor advocacy.
- Prioritize the inclusion of affected people in discussions and consultations **before AND during, not only after**, decision-making processes. **Report back** to communities on which feedback was integrated, and which cannot be included by also sharing the reason why.
- Consider engaging with refugees (especially Rohingya representatives and leaders) in discussion on a more in-depth and detailed level on their own **proposed cost-saving measures and ideas**, including where handover is possible and where cuts and reductions can be made based on their needs and preferences—by transparently sharing our limitations—for improved trust, participation, understanding, collaboration, and cooperation. Openly explain how providing support in one area would mean concessions in other areas.
- Meaningfully include **existing, traditional, and trusted community structures and groups** more formally to leverage knowledge, influence, ownership and buy-in; elevate and strengthen these for increased community responsibilities, localization, empowerment, and cost-saving.
- Improve **communication strategies** on service disruptions, pipeline breaks, changes, adjustments, reductions, or cuts through **timely** and **detailed information-sharing** to address **knowledge gaps** and minimize **sudden, abrupt, or slow message dissemination**.
- Invest in more innovative, effective, and efficient **communication channels** that can improve dissemination in terms of reach, speed, and access rather than more manual methods.
- Leverage, prioritize, and support **Community Feedback Mechanisms (CFM)** for quality assurance, service monitoring, and gaining and re-gaining community trust as a commitment to **accountability**.

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