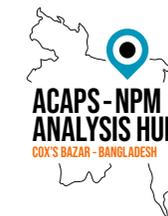


# ROHINGYA HOBOR: CONSTRICTED MOVEMENT AND LIMITED LIVELIHOODS

## Trends Report - Edition 4



Reporting period: mid-February to mid-July 2022

Rohingya Hobor (Rohingya news) is a regular trends report produced by IOM Needs and Population Monitoring (NPM), IOM's Protection Unit (Research and Consultations team), and ACAPS. Its objective is to better explain the Rohingya's wellbeing in the camps and their perception and recounting of recent events that affect their lives. These reports draw upon qualitative and quantitative data collected from 20 different sub-blocks across Kutupalong Balukhali Expansion as part of a longitudinal research exploring welfare through the Rohingya's access to assistance, economic conditions, and relationships within the response. No data was collected in Teknaf for any rounds because all Rohingya researchers and enumerators live in Kutupalong Balukhali Expansion, and movement restrictions prevent them from travelling to Teknaf to conduct consultations. The first report in this series was published in May 2021, and a total of four rounds have been completed so far. Topics identified in the last round as important to the Rohingya were the market demolitions in the camps, educational needs of children, emerging skin diseases, increased feelings of insecurity, stress among the population, and relocation to Bhasan Char. In round 4, topics discussed included the limited social connectedness within communities, increased negative coping strategies, and the need to pay money to be considered for a job in the camps.

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This report follows:

- Rohingya Hobor: Myanmar Coup and Balukhali Fires, Edition 1: January to March 2021
- Rohingya Hobor: Faani Uda (Rising Waters), Edition 2: April to July 2021
- Rohingya Hobor: Bazar Bhangar Ar Dhor Barer (Market Destructions and Growing Insecurity), Edition 3, November 2021 to February 2022

### OVERVIEW

Worsening food assistance, difficulties in securing cash for work (CFW) or paid volunteering opportunities as an income source, and concerns about shelter conditions given the lack of materials for repair works were prominent topics in this period. Assessment participants discussed the increased movement restrictions they face between and even within camps, as well as how these restrictions have been affecting their ability to see and support their extended family to celebrate and mark important religious and life-cycle events. Rohingya refugees also continued to raise concerns about the quality of education in learning centres and state their preference for their children to be taught with the Myanmar curriculum.

Focus group discussions (FGDs) and surveys indicated that relationships with humanitarians have improved, despite reports of reduced assistance being provided and dissatisfaction with the overall assistance. The overall perception of the relationship with the host community has become more difficult to gauge, with movement restrictions leading to fewer opportunities for engagement and refugees having limited items to sell to the host community. Relationships within the Rohingya community were still considered good, despite the rise of disputes and violence between community members resulting from more challenging living conditions and limited livelihood options.

In this round, in terms of health, dengue fever was an increasing concern (with official reporting confirming heightened case numbers). Previous concerns about the skin rashes confirmed to be scabies were less prominent in the discussions.

## Key findings in relation to monitored trends from FGDs

### Access to assistance

- Food is a concern:
  - The quantity of rations and variety of food items provided have decreased.
  - Prices have increased further.
- Access to water has become more difficult.
- Shelter materials and repairs remain a priority need.

### Economy

- Work opportunities have decreased further, meaning that income-generation remains difficult.
- Negative coping strategies have increased:
  - Taking out loans is reported to be the most used coping strategy.
  - Buying food on credit and selling essential items have seen the biggest rise among coping strategies.

### Relationships

- Relationships within the Rohingya community are perceived as good, yet, at the same time, disputes and violence are reported to be on the rise because of the continued lack of improvement in living conditions and livelihood options.
- There is less engagement with the host community because of movement restrictions.
- Interactions with humanitarians have improved, despite the reduction in assistance.

### Main topics being discussed

- The low quality of the current education system continues to be a major concern. Rohingya refugees demand the swift introduction of the Myanmar curriculum to a wider group of children.
- The negative impact of limited financial means combined with movement restrictions on how people connect with others and mark important events is becoming more noticeable.
- There are limited opportunities to earn an income through CFW and other volunteer positions in the camps. Despite it being illegal, there are claims of a need to pay money to get these jobs, which is forming a cycle where those unable to pay are continually becoming more disadvantaged and shut out of opportunities.
- The number of people infected with dengue fever is increasing.

## WHAT IS BEING TALKED ABOUT?

Limited resources and movement restrictions constrain how the Rohingya interact, socialise, and mark events. The situation could be leading to less social connectedness and changing relationships within the camp communities.

In half of the FGDs, the Rohingya expressed that they are not able to continue their social, cultural, and religious practices as they would like to. Reasons include the lack of income to cover costs for events and provide expected hospitality to guests, movement restrictions that limit the possibility of attending events in other camps, and the crowded living conditions in their shelters that make hosting and entertaining guests difficult. Reduced income-generating opportunities and limited movements have also been particularly responsible for this adverse impact on their social and cultural life over the past few months. Movement restrictions affect religious gatherings at night. The Rohingya can no longer attend night-time gatherings for praying in mosques. They reported that if they attempt to do so, they face arrests or fines for being 'terrorist suspects' if found by the camp police. Rohingya refugees reported feeling sad about not being able to afford animals for sacrificing during Eid al-Adha in July as they did in the past in Myanmar.

Restrictions also affect their social life as people cannot visit relatives and friends in other camps and stay overnight. Aside from limiting social interaction, these restrictions also prevent caring for relatives who require extra support, such as elderly parents living in a different camp. The lack of resources makes providing hospitality to guests in the way that their culture and tradition require difficult.

*“When one of our relatives visits once a year, [our customs indicate that] we must entertain the visitors with chicken. But we can’t do it because of our lack of income.” —AHE06.RH*

Another issue that emerged from the FGDs was that parents are increasingly worried about not being able to arrange marriages for their children, particularly the inability to provide dowry for their daughters, which is impeding their chances of getting married. A lack of space in the shelters also inhibits marriage prospects, as the marriage of a son means accommodating a new family member (the daughter-in-law). A small shelter makes it impossible to accommodate couples and ensure their privacy.

*“Most people are facing problems with the shelters being very small because they need to marry their sons in these small shelters. [The numbers of] family members are also increasing.” —AR07.RH*

Although illegal, paying to be eligible for a job is becoming a common practice in camps, given the limited opportunities available.

Mahjis reportedly have a key role in determining who can access income opportunities in camps. Participants stated that Mahjis are responsible for providing NGOs that are looking for workers with a list of people eligible for general CFW and volunteering opportunities. Half of the male respondents and one-quarter of the women in the FGDs reported needing to bribe the Mahji of their block to get access to work opportunities. Money extortion by some Mahjis was also noted in protection monitoring reports covering the past few months (IOM unpublished). This situation is reducing the job opportunities in the shomaz (community or neighbourhood) for the people who cannot afford to pay the bribe, creating a vicious cycle. People with income opportunities or connections have higher chances of being able to afford bribes and secure more opportunities, while those without resources continually miss out, increasing their disillusionment about future prospects.

*“If you get the chance to work nowadays, you have to pay one hundred taka to the Mahji even if you work for only one day and earn only four hundred. People who get work have to bribe the team leaders dealing with applications.” —AR02.RH*

## ACCESS TO ASSISTANCE

### Education

Education remains a concern because of school closures and the low quality of education in learning centres. In the previous reporting period, schools were still closed because of COVID-19. School closures began on 21 January 2022 following a new surge in infection rates and fully resumed in March 2022 (RRRC 22/03/2022).

Over the past few months, there have been new challenges with education, as reported in some of the female FGDs. The Government ordered the closure of home-based and community-led schools run by Rohingya refugees, with no alternative schools put in place (HRW 18/12/2021). At the same time, madrasas are locked and entry is forbidden. As a result, many Rohingya refugees have resorted to conducting private classes in their own shelters. The children who used to go to the madrasas are likely to miss out on any education, though the extent of it is still unknown. In the previous reporting period, of all the respondents who took out loans, 35% used the money to pay for their children’s education. This figure has decreased to 28% in this round. Further research is required to explore whether this decrease is related to taking up and paying back loans or the reduced availability of educational activities.

Many respondents in the male FGDs restated the need for the introduction of the Myanmar curriculum

	Nov 2021 to Feb 2022	Feb–July 2022
% of children accessing a learning centre	N/A	72%
% of those taking up a loan to pay for their children’s education	35%	28%

in schools. A pilot of the implementation of the Myanmar curriculum took place in November 2021. According to UNICEF, the curriculum had reached 10,000 children by May 2022 (UNICEF 01/05/2022). 72% of all surveyed had children in their households accessing a learning centre (no comparable data is available for the previous reporting period). Among this percentage, 45% reported having access to the Myanmar curriculum. While the implementation of the curriculum is still taking place and needs a wider reach, about a quarter of the male FGDs revealed that the Rohingya continue to be concerned that the learning centres do not provide proper education. They said that children go to the learning centres mostly to play and receive biscuits. Concerns remain about the quality of education provided to children and the curriculum approved by the Government of Bangladesh (IOM unpublished).

### Health

The Rohingya continue to feel that health assistance remains inadequate. A specific health concern reported in the past few months is the rise of dengue.

Three-quarters of all FGD respondents mentioned that they felt that they did not receive adequate treatment while seeking healthcare, that they had to wait long times in queues, and that the only remedy handed out to everybody regardless of health issue was paracetamol tablets. Some people go to private clinics when they feel that clinics in the camps are not providing the appropriate treatment. Fewer drug prescriptions and a lack of specialised services in camps for chronic diseases are the main reasons the Rohingya seek services outside the camp (IOM unpublished). It is necessary to request permission from the Camp in Charge (CiC) and show a transfer request from the hospital to leave the camp for health treatment. With the increase in movement restrictions, however, the Rohingya have experienced longer queuing times at checkpoints on their way to hospitals outside the camps, which constitutes another important challenge for Rohingya refugees with health issues.

Private treatment requires payment. A large majority (97%) of all surveyed respondents reported paying for medical care (up from 90% in the last reporting period), although a large proportion is only able to do so by incurring debt. Of all respondents reporting they had to take out a loan in the past four months for any kind of payment, 89% did so to pay for healthcare. This figure is slightly higher than during the previous

reporting period, indicating a larger dependency on loans to pay for healthcare. People also often sell rations and other items to be able to afford private treatment. With the decrease in income-generating options because of a decrease in work opportunities and the reduced quantity of food and NFIs that could potentially be sold, private treatment outside the camps is becoming increasingly unaffordable.

The occurrence of scabies, the major health issue in the last reporting period, continued to be discussed,

	Nov 2021 to Feb 2022	Feb–July 2022
% of the Rohingya able to pay for medical care	90%	97%
% of those taking up a loan to pay for health treatments	81%	89%

but it was less prominent compared to the previous round. In the male FGDs, dengue fever emerged as the major concern for many households over the past three months. This finding is in line with WHO reports of an acute surge in dengue cases compared to the previous four years, starting at the end of May 2022. A similar surge has not been observed in the larger Cox’s Bazar district outside the Rohingya camps nor at the national level, where case numbers and trends are within expected levels for the same period (WHO 03/08/2022). Reasons for the higher occurrence of infections within the camps than outside areas require further research.

## NFIs

Overall, the majority of FGD respondents felt that NFI assistance has decreased compared to before. The reduced supply, especially of mosquito nets and blankets for winter, continued to be observed as in the last reporting period. Some FGDs claimed that these items had not been received for two to three years. There were reports that some of the Rohingya community members who had lost their shelter or belongings in fires last year had not yet received replacement blankets and other NFIs. The last fires occurred in January 2022, and the issue likely also concerns households affected by fires even further in the past. Other NFIs no longer supplied include cooking pots and clothes. Overall, 45% of survey respondents indicated receiving fewer NFIs than needed, up from 38% in the previous reporting period.

Respondents also mentioned that while everyone received liquefied petroleum gas (LPG) assistance, the time between cylinder refills has become longer, and families end up running out of LPG before the next refill opportunity. Almost half of the respondents (47%) said the LPG supply is insufficient for their needs, double the percentage compared to the previous reporting period. More women (54%) than men (38%) reported this gap, likely because women are more involved in preparing meals at home.

	Nov 2021 to Feb 2022	Feb–July 2022
% of respondents for whom LPG supply is not sufficient for their needs	23%	47%
% of respondents who received fewer NFIs than they needed	38%	45%

## WASH

According to the respondents, WASH assistance has decreased, contrary to the previous reporting period when the Rohingya refugees felt that WASH services had improved. Among those who reported a problem with any kind of assistance, 39% reported an issue with WASH services, up from 20% in the last reporting period. Both male and female FGDs observed decreased water access. Male FGDs particularly revealed that tube wells in communities are increasingly not being repaired when damaged, not functioning, and do not have enough faucets (IOM unpublished). They also reported that there is only one water tap available for the whole community, and that fights are increasingly occurring around water taps and tanks about the seemingly limited resource. Only 14% of respondents said that water tap services have improved, lower than 33% in the last reporting period.

Male FGDs frequently mentioned the lack of proper drainage and that drainage cleaning is not taking place as often as before. They described how drainage overflow occurs and rubbish accumulates during heavy rains, creating unhealthy conditions and making shelters uninhabitable. That said, the overall percentage of the Rohingya who reported a drainage issue in the surveys dropped slightly from 26% to 22%.

	Nov 2021 to Feb 2022	Feb–July 2022
% of those reporting a problem with WASH services	20%	39%
% who reported that water tap services had improved	33%	14%
% reporting a drainage issue	26%	22%

The continuous lack of adequate soap supplies was also noted in the FGDs. While 90% of respondents reported receiving soap, 34% said it was less than needed, similar to the previous reporting period. Dissatisfaction with access to menstrual hygiene kits continued to be expressed in the FGDs, as the interval between the provision of kits is longer than before. That said, fewer women indicated that

menstrual health and hygiene (MHH) supply did not meet their needs (22%), compared to the previous reporting period (37%). This decrease might be explained by the fact that distribution cycles had just happened at the time of data collection for this report.

	Nov 2021 to Feb 2022	Feb–July 2022
% saying that soap provision did not meet needs	35%	34%
% saying that MHH provision did not meet needs	37%	22%

## Shelter

Shelter needs remain high. In 2022, shelter repair kits were not distributed before the monsoon season, and many households had to deal with water entering the house because of roof leakage.

The percentage of respondents who reported damaged shelters increased to 43% from 37% since the previous reporting period. This increase can be attributed to the start of monsoon rains. Almost all male FGDs mentioned that shelter repair kits provided before the monsoon season in previous years were not provided this year. Many shelters have not been repaired for some time, and in some cases for several years already. Others have collapsed and need rebuilding. In some communities, NGOs have provided new shelters, but they remain insufficient. The bamboo and tarpaulins provided are often not sufficient to reinforce shelters for inclement weather conditions. Any other material needed has to be purchased from the market, meaning shelter repairs are likely to be unaffordable for many. Regardless, the percentage of respondents who indicated getting fewer shelter materials than needed decreased from 46% to 37% compared to the previous reporting period, which might be because of the shelter support provided after the weather incidents during the monsoon.

	Nov 2021 to Feb 2022	Feb–July 2022
% who reported that their shelter got damaged by landslide, rain, fire, or any other weather incident	37%	43%
% who got fewer shelter materials than they needed	46%	37%

## Food

Respondents stated that food assistance has worsened and suffers from rising market prices, leading to insufficient rations and less variety in food items.

People discussed that the food provided through assistance is no longer enough for families, especially those with older children and young adults. More than half (53%) reported not receiving enough food to meet their needs, an increase from 48% in the last round. Prices for food items have risen, and extra rations are no longer provided. The decrease in rice rations was frequently mentioned in the FGDs. Rice shortages are also aggravated when families who cannot take up their night watching responsibilities and have no money need to pay the police sentry in the block with rice rations instead to get out of guard duty. The decrease in cooking oil rations from two bottles to one per person per month was mentioned in two-thirds of FGDs. Many used to sell cooking oil to afford other items they needed that were not supplied. In the open market, cooking oil prices rose by 31% from December 2021 to May 2022 because of an increase in global market prices. Market prices plateaued in June (VFP 26/07/2022).

A very large majority of the respondents (95%) reported an increase in market prices for food in the last four months, up from 75% in the previous reporting period. Half of the respondents said that the price increase resulted from the Bazar committee-syndicate increasing prices, 41% said the reason was a limited supply of goods in general, and 39% put it on a limited supply of goods specifically in the camps.

The variety of food provided through assistance has decreased and mainly comprises items that can be safely stored for some time, such as rice, dried fish, chilli, oil, lentils, and onions. Meat and other food items, such as peas, sugar, oil, Semai (a dessert made from wheat), and other packaged items (including snacks for children) that used to be included in the assistance package are not provided anymore. Less fresh, lower-quality vegetables are being supplied. Fresh fish, a major part of the diet of the Rohingya when they were still in Myanmar, is not easily available, not part of assistance, and not affordable to many. The logistics of food assistance in the camps have not noticeably changed, but some female FGDs mentioned that male service providers in food distribution centres beat up recipients inside distribution points and that children are not allowed to enter these centres, likely affecting food assistance for households where children have been sent to collect rations.

## ECONOMY

### Access to markets

Markets outside the camps are no longer accessible. Over the past few months, more than half of the interview respondents in both male and female FGDs discussed challenges in accessing the market. The survey revealed, however, that 69% of respondents said they could access the market inside the camps, an improvement compared to the last reporting period (60%). Markets outside the camps cannot be accessed anymore, as leaving the camps solely to go to the market is not possible. Rohingya refugees used to frequent markets in the host community because of lower prices and a wider variety of items that are sometimes unavailable in camp markets. Market access challenges were potentially discussed in more detail in the FGDs, meaning answers were more explanatory and likely more often related to markets in the host community.

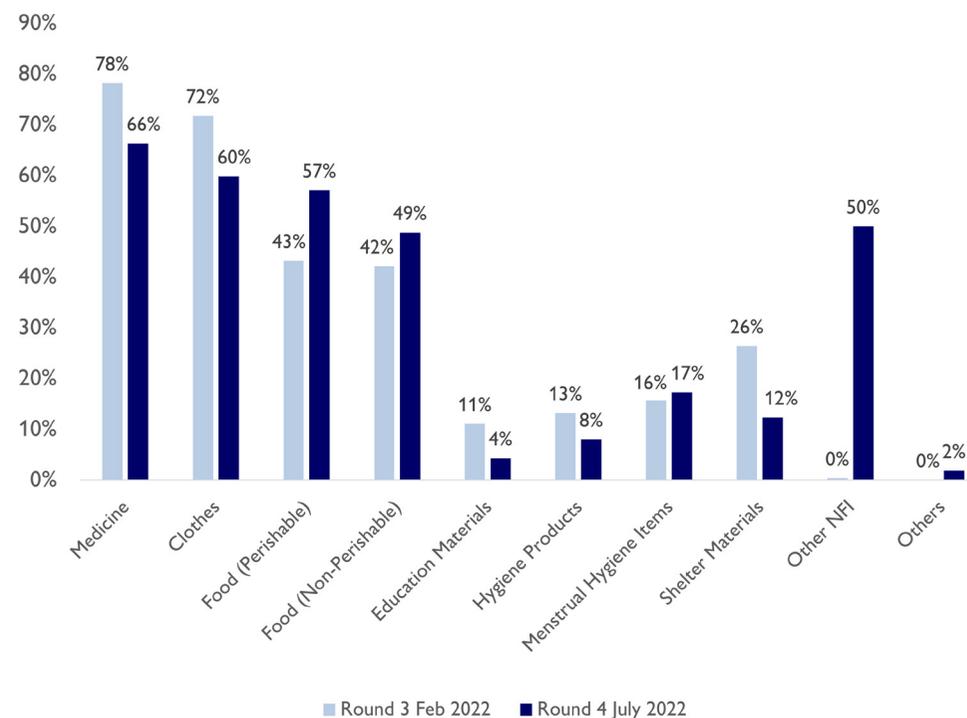
### Availability of items

In this round, there were more respondents who could not find the specific items that they were looking for in the markets compared to the previous round. Among the products that people search for but cannot find in the market, medicine was mentioned most often at 73%, same as the previous reporting period. Non-perishable food followed (59%), and then NFIs other than clothes (57%). Previously, only 38% reported that they could not find non-perishable goods, and only 34% reported NFIs other than clothes. The higher figures from the past few months are likely an indication of the overall shortage of food and NFI supplies in markets.

	Nov 2021 to Feb 2022	Feb–July 2022
% of people who look for medicine on the market but can't find it	72%	73%
% of people who look for non-perishable food on the market but can't find it	38%	59%
% of people who look for NFIs (other than clothes) on the market but can't find them	34%	57%

Medicine (78%) and clothes (72%) were the products people most needed but could not afford in the previous reporting period, followed by perishable (43%) and non-perishable food (42%). In this round, 66% needed but could not afford medicine. Fewer people at 60% also needed clothes but could not afford them. On the other hand, the percentage of those who needed but could not afford perishable and non-perishable food increased to 57% and 48%, respectively.

### Items that people needed but cannot afford



## Work opportunities

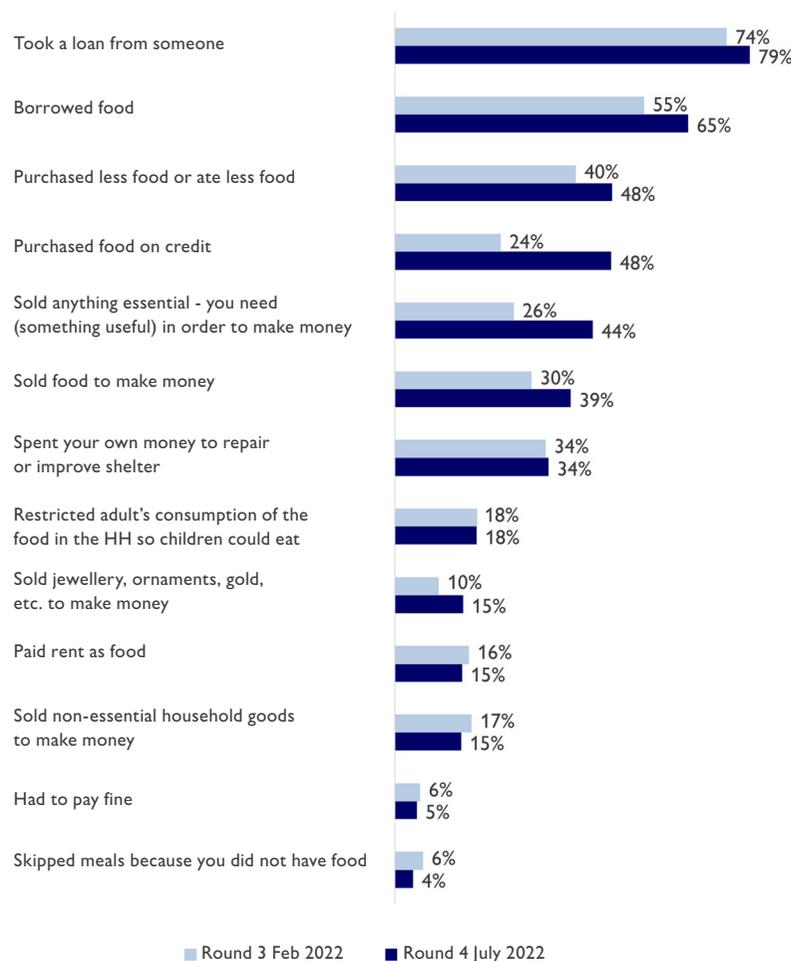
Participants perceived that work opportunities for the Rohingya have further decreased in the last quarter, mainly because of a decrease in the availability of volunteering jobs. The presence of NGOs and international organisations in the camps has decreased as a result of the downsizing of response activities, also reducing volunteering work opportunities for the Rohingya. Some Rohingya refugees used to go to the host communities to participate in harvesting or do masonry work as daily labourers, but current movement restrictions prevent them from leaving the camps.

*“Our shomaz has been getting less work in the last four months. People are not allowed to go out of camp. There is no work to do within the block. People don’t have access to freedom here. People should have their own dignity, rights, and freedom, but they don’t have that freedom here. That’s why they are moving wherever they can. We are being kept as prisoners in the camps. We cannot even go to the market from the gate despite asking the police, and the markets inside the camps have been demolished. The police allow host community members to pass through the gate, and they beat up Rohingya refugees. People are migrating because of financial problems. People had construction work to do in the camps; they had CFW work, but the CIC does not give permission anymore for NGOs to accept workers in the camp.” —NS02.RH*

## Negative coping strategies

The continued lack of work and other income-generating opportunities, with the higher occurrence of unmet needs, has led to more people adopting negative coping strategies. Between November 2021 and February 2022, 60% of respondents had already reported a decline in their income; during the February–July 2022 data collection, 54% of respondents indicated a decrease. Most of the negative coping strategies adopted by those surveyed increased from the last reporting period, with almost 80% of the camp population taking up loans (up by 5%), the most often used coping mechanism in this period. The number of people purchasing food on credit (up by 24% compared to the previous reporting period) and those selling anything they considered essential to earn some money (up by 22%) marked the biggest increases in the adoption of certain coping strategies. These coping mechanisms raise concerns over the ability of people to pay back loans or credits over time, given that income opportunities and cash are likely limited and the essential items people have available to meet their needs are eroding further. People who have been delayed in paying back their loans or have not been able to pay at all have experienced harassment. In extreme cases, parts of their shelters have been seized.

## Comparison of negative coping strategies between Round 3 and Round 4



## RELATIONSHIPS

Relationships within the community have improved. Two-thirds of the FGDs found that overall relationships within the community have improved, as people within the refugee community knew each other better over time. This finding was also confirmed by the majority of the survey participants (53%). This percentage is lower than in the last reporting period when 75% indicated improved relationships, but overall, good relationships seem to be common. A quarter of the participants in the FGDs reported worsening relationships in the community. These perceptions are mainly influenced by the number of murders and conflicts in the camps, as well as the increasing occurrence of quarrels and disagreements in the communities. According to survey results, 88% witnessed physical or verbal violence among the Rohingya in their community, up from 66% in the previous reporting period. The most likely reasons for this deterioration are congested living conditions and little prospect of livelihoods for the Rohingya. These issues, combined with the movement restrictions preventing people from inviting or visiting friends and family, are likely to affect the social fabric.

With the movement restrictions for the Rohingya in place, the number of interactions between the Rohingya and host communities has likely decreased. Survey results confirmed this observation. 22% of respondents reported having better relationships with host community members, lower than 32% in the previous reporting period, while 30% reported no change. 17% mentioned not knowing any host community members. Despite the reduction in interactions, almost half of the respondents in the FGDs during this reporting period had positive perceptions towards the host community.

Rohingya refugees used to sell some of their food and NFIs to the host community, and the refugees' impression was that the host community was content with these interactions. The limited movement options and decreasing number of items the refugees receive through assistance, which they used to sell to host communities at very competitive prices, have likely decreased interactions between the two communities and the opportunity for a positive perception of their relationships. Some Rohingya refugees also feel that many in the host community think that they have stayed in Bangladesh for too long, taking away livelihood opportunities and support for the host community. Some also perceive that the host community disrespects them and associates criminal activities and disruptive behaviour with them.

No comparable information on the host community's point of view on their relationships with the Rohingya refugees is available, as only the Rohingya refugee camp population was included in the data collection.

*"We will be very sinful if we say the host community is bad because they were at the frontline to support us when we arrived here. They supported us with whatever they could afford, like water, clothes, and shelter. They used to love us and still love us. If they did not allow us to enter Bangladesh, we could not have come here. They showed love. That is why we are here today, and they still love us." — A001.RH*

*"[They think badly of us] because they think our people are slaughtering and killing each other." — HT02.RH*

*"Our relationships with the host community have worsened because of our bad behaviour. When even a person misbehaves with them, most people from our community are dishonoured by them. In the beginning, they used to care for and love us. We cannot keep their respect and love. Suppose we are five brothers, and one of us harms them, they will start to hate all of us. Because of some bad people, our relationships with them have become worse. When we didn't have clothes to wear, they provided them for us. We owe millions of thanks to them." — AHE01.RH*

Three-quarters of FGDs found that relationships with humanitarians have improved. The survey for the previous reporting period already found a 65% improvement in relationships with humanitarians; over the past few months, 44% of respondents felt that relationships had improved again. The decrease in assistance received has seemingly unaffected the Rohingya's perception of their relationship with humanitarians.

Rohingya refugees perceive that humanitarians treat them well and have a respectful way of approaching them. They also feel that humanitarians respect their gender norms, making it easier for women to share their experiences and contribute to discussions.

The quarter of respondents in FGDs who said that relationships with humanitarians have become worse said so mainly because they felt that humanitarians have made fewer visits to the households in camps, that there have been rude comments on the increasing birth rate in the camps, that there has been a delay in the payment for CFW, and that the Rohingya's opinions are not taken into consideration.

## METHODOLOGY

This report contains information on the overall indicative findings of a mixed-methods study. It is a longitudinal study; researchers interviewed the same households that participated in the survey component and held FGDs with largely the same respondents as in the previous rounds.

Both quantitative and qualitative primary data collection were conducted in the Rohingya community and contextualised by secondary data. The data was collected from June–July 2022 in 20 purposely selected sub-blocks from 17 camps: 1E, 1W, 3, 6, 7, 8E, 8W, 9, 10, 11, 12, 14, 15, 16, 17, 18, and 19. The selection of sub-blocks and camps ensured diversity as it included different population densities, physical access

issues, various facilities, host community presence, and different social characteristics (such as the place of origin of the Rohingya). The quantitative and qualitative data collection was carried out independently from each other.

The IOM Protection Unit conducted qualitative data collection<sup>1</sup> by recording open-ended semi-structured interviews with the informed consent of participants. In each of the selected sub-blocks, a team of five pairs of female Rohingya researchers and five pairs of male Rohingya researchers conducted a total of 64 gender-segregated FGDs with adolescent and youth men and married and unmarried women in the shomaz. Rohingya translators did the transcription into English. ATLAS.ti, a qualitative analysis software, was used to analyse qualitative data.

The IOM NPM team led the quantitative data collection using KoBo toolbox. A total of 468 interviews were carried out in the quantitative data collection with 221 men and 247 women from 25 purposively selected households from each plot site. Both men and women were from the same household. The unequal number of men and women resulted from including 23 widows and three widowers. The cleaning and analysis of the data were done using the Python scripting language, and information analysts quality-checked the results.

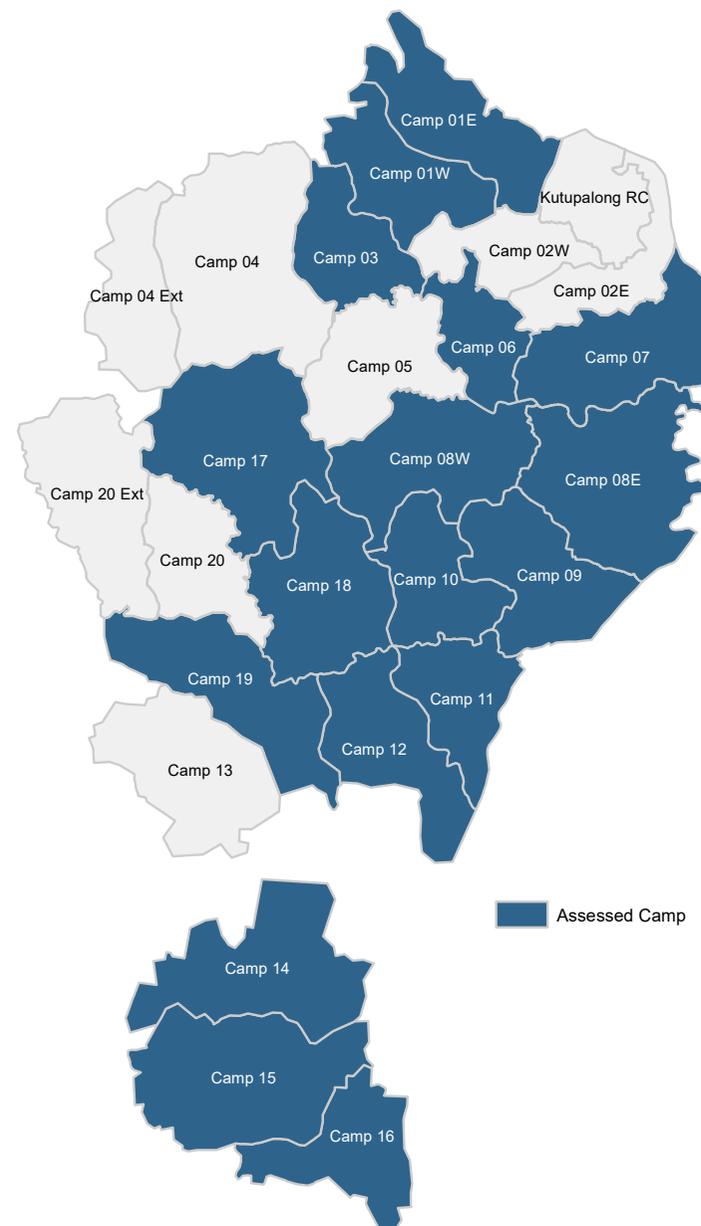
## LIMITATIONS

This assessment did not follow a random sampling approach. It does not aim to provide a statistically representative view of the whole Rohingya population living in the camps. There is no guarantee of geographical representation in this assessment. No data was collected in Teknaf because all Rohingya researchers and enumerators live in Kutupalong Balukhali Extension, and movement restrictions prevent them from travelling to Teknaf to conduct consultations.

For the quantitative data collection, enumerators sometimes faced challenges finding male respondents in the households for the interviews as they were busy with work or attending the mosque. Data collection also occurred just before the Eid al-Adha festivities, and some respondents were busy with preparations and unavailable for interviews. No new households were interviewed this time, although in some cases, new respondents from the same households were interviewed as the previous respondents in the household were not at home.

The qualitative data team faced challenges with revisiting households and not finding some of the participants interviewed in the previous rounds as they had moved to Bhasan Char or other camps, had gotten married and moved out (especially women who had moved to their in-law's house following traditions), had passed away, or were not available for interviews. As a result, some new households not included in previous rounds were interviewed.

Map: camps where the data collection was conducted



<sup>1</sup> The Rohingya research team includes a group of Rohingya volunteers within the IOM Protection unit who have experience in working on social research methods and are supporting different stages of the research process.

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